

10/01/2015 - 12/31/2015

Sum of auth_count Row Labels	Column Labels				Grand Total
	Approval	Disapproval	Withdrawal	(blank)	
Advanced Practice Registered Nurse	122	49			171
70450 CT BRAIN, HEAD	4	2			6
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	2	1			3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1				1
70540 MRI ORBIT/FACE/NECK W/O DYE	1				1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	9				9
71250 CT CHEST, THORAX	4	1			5
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		2			2
72131 CT LUMBAR SPINE, LOW BACK	2				2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	10	7			17
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1	5			6
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	25	15			40
72192 CT PELVIS WITHOUT CONTRAST	1				1
72196 MRI PELVIS	3				3
73200 CT ARM OR UPPER EXTREMITY		1			1
73221 MRI JOINT OF UPPER EXTREMITY	7	2			9
73700 CT LEG OR LOWER EXTREMITY		3			3
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1				1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	8	3			11
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1	1			2
74150 CT ABDOMEN WITHOUT CONTRAST	7	1			8
74176 CT ABD & PELVIS W/O CONTRAST	26	4			30
74181 MRI ABDOMEN	1				1
77058 MRI breast,without and/or with contrast material(s);unilateral	4				4
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1				1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	3	1			4
Allergy & Immunology	8	1			9
70450 CT BRAIN, HEAD	1				1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	6				6

71250 CT CHEST, THORAX	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
Anesthesiology	316	87	403
70544 Mr angiography head w/o dye	1		1
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3	1	4
71550 MRI CHEST		1	1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	6	2	8
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1	2	3
72131 CT LUMBAR SPINE, LOW BACK	19	3	22
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	83	28	111
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	15	8	23
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	162	33	195
72196 MRI PELVIS	3		3
73200 CT ARM OR UPPER EXTREMITY		1	1
73221 MRI JOINT OF UPPER EXTREMITY	9	2	11
73700 CT LEG OR LOWER EXTREMITY	2	2	4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	7	2	9
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	4	2	6
Cardiac Surgery	50		50
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	3		3
71250 CT CHEST, THORAX	14		14
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	7		7
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
73221 MRI JOINT OF UPPER EXTREMITY	1		1
73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	1		1
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	1		1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	10		10
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
75557 Cardiac MRI Morph & structure w/o contrast	1		1
75572 CT Heart	1		1
75574 CT Angiography Heart coronary arteries, CCTA	1		1

75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	4			4
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2			2
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1			1
Cardiology	1595	123	1	1719
70450 CT BRAIN, HEAD	10	1		11
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1		1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1			1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	19			19
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4			4
71250 CT CHEST, THORAX	35	3		38
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	64	1		65
71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	1			1
72131 CT LUMBAR SPINE, LOW BACK	1			1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	5			5
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1			1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1	1		2
72192 CT PELVIS WITHOUT CONTRAST	2			2
73206 CT ANGIOGRAPHY UPPER EXTREMITY	4	2		6
73221 MRI JOINT OF UPPER EXTREMITY	1			1
73700 CT LEG OR LOWER EXTREMITY	2			2
74150 CT ABDOMEN WITHOUT CONTRAST	6			6
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	12	1		13
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	17	2		19
74176 CT ABD & PELVIS W/O CONTRAST	2	2		4
74181 MRI ABDOMEN		1		1
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1			1
75557 Cardiac MRI Morph & structure w/o contrast	11	2		13
75571 Coronary Artery Calcium Score, EBCT	1	3		4
75572 CT Heart	15			15
75574 CT Angiography Heart coronary arteries, CCTA	36	4		40
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	66	5		71
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1018	66	1	1085
78459 Myocardial imaging, PET	3	1		4

78472 CARDIAC OR HEART BLOOD POOL IMAGING	7		7
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	175	22	197
93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	5		5
93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	69	5	74
Chiropractic Medicine	122	16	138
70450 CT BRAIN, HEAD		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4		4
72131 CT LUMBAR SPINE, LOW BACK	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	34	2	36
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	6	1	7
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	56	5	61
72196 MRI PELVIS		2	2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	10	2	12
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	5	1	6
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2		2
74176 CT ABD & PELVIS W/O CONTRAST	2		2
74181 MRI ABDOMEN		2	2
Colon & Rectal Surgery	20		20
71250 CT CHEST, THORAX	2		2
72196 MRI PELVIS	6		6
74176 CT ABD & PELVIS W/O CONTRAST	10		10
74181 MRI ABDOMEN	1		1
74261 CT Colonography, diagnostic without contrast	1		1
Dermatology	3		3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Doctors and Rehabilitation	208	51	259
70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3		3

71250 CT CHEST, THORAX	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	5		5
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	13		13
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	51	19	70
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	14	8	22
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	98	21	119
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	1		1
73221 MRI JOINT OF UPPER EXTREMITY	10	2	12
73700 CT LEG OR LOWER EXTREMITY		1	1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	4		4
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	3		3
Emergency Medicine	89	15	104
70450 CT BRAIN, HEAD	9		9
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	1	1	2
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	1	1	2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5		5
71250 CT CHEST, THORAX	8		8
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	4		4
72131 CT LUMBAR SPINE, LOW BACK	1	1	2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	5	2	7
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	4	1	5
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	8	4	12
73221 MRI JOINT OF UPPER EXTREMITY	1	1	2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	13	2	15
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	23		23
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	4	2	6
Endocrinology	65	3	68
70450 CT BRAIN, HEAD	2	1	3
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	8	1	9
70540 MRI ORBIT/FACE/NECK W/O DYE	2		2

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	29		29
71250 CT CHEST, THORAX	4		4
72196 MRI PELVIS	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	6	1	7
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	6		6
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
78071 Parathyroid SPECT Imaging	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3		3
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
Free Standing Surgery Center	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Gastroenterology	465	27	492
70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT		1	1
70450 CT BRAIN, HEAD	2		2
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	1		1
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	3		3
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
71250 CT CHEST, THORAX	16	2	18
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	2		2
73221 MRI JOINT OF UPPER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	50	3	53
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	6	1	7
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	274	9	283
74181 MRI ABDOMEN	61	3	64
74261 CT Colonography, diagnostic without contrast	12	1	13
74263 CT Colonography, screening		1	1
75571 Coronary Artery Calcium Score, EBCT		3	3
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		1	1

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2		2
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1	1	2
S8037 mrcp	28	1	29
General/Family Practice	6914	1386	8300
70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT		1	1
70450 CT BRAIN, HEAD	402	113	515
70480 CT ORBIT, EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA, EAR ETC.	5	1	6
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	92	14	106
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	73	9	82
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	18	2	20
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	8	4	12
70540 MRI ORBIT/FACE/NECK W/O DYE	24	10	34
70544 Mr angiography head w/o dye	22	11	33
70547 Mr angiography neck w/o dye	6		6
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	706	61	767
70554 Functional MRI Brain	1		1
71250 CT CHEST, THORAX	534	57	591
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	42		42
71550 MRI CHEST	2	3	5
71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	40	27	67
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	13	9	22
72131 CT LUMBAR SPINE, LOW BACK	59	18	77
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	573	191	764
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	130	84	214
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1357	318	1675
72192 CT PELVIS WITHOUT CONTRAST	26	4	30
72196 MRI PELVIS	24	8	32
73200 CT ARM OR UPPER EXTREMITY	28	5	33
73206 CT ANGIOGRAPHY UPPER EXTREMITY	1	3	4
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	21	9	30
73221 MRI JOINT OF UPPER EXTREMITY	398	102	500
73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	3		3

73700 CT LEG OR LOWER EXTREMITY	45	3	48
73706 CT ANGIOGRAPHY LOWER EXTREMITY	9	2	11
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	588	84	672
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	81	19	100
74150 CT ABDOMEN WITHOUT CONTRAST	177	29	206
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	7	4	11
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	3	5	8
74176 CT ABD & PELVIS W/O CONTRAST	1184	133	1317
74181 MRI ABDOMEN	52	2	54
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	3		3
74263 CT Colonography, screening	2	2	4
75571 Coronary Artery Calcium Score, EBCT	1		1
75574 CT Angiography Heart coronary arteries, CCTA	2		2
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	9		9
76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	17	3	20
77078 CT bone mineral density study, 1 or more sites; axial skeleton	1	1	2
78071 Parathyroid SPECT Imaging	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	66	23	89
78813 PET IMAGING WHOLE BODY	5	1	6
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	10	3	13
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	24	1	25
93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	6	2	8
S8032 Low-dose Computed Tomography For Lung Cancer Screening	5	4	9
S8037 mrcp	6	1	7
Geriatrics	19	1	20
70450 CT BRAIN, HEAD	3		3
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
71250 CT CHEST, THORAX	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	4		4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
73700 CT LEG OR LOWER EXTREMITY	1		1

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1	1	2
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
Gynecologic Oncology	29	1	30
70450 CT BRAIN, HEAD	1		1
71250 CT CHEST, THORAX	4		4
72196 MRI PELVIS	1	1	2
74176 CT ABD & PELVIS W/O CONTRAST	18		18
78813 PET IMAGING WHOLE BODY	3		3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2		2
Hematologist/Oncologist	2606	179	2785
70450 CT BRAIN, HEAD	131		131
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	7	2	9
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	81	3	84
70540 MRI ORBIT/FACE/NECK W/O DYE	22	2	24
70544 Mr angiography head w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	136	6	142
71250 CT CHEST, THORAX	703	58	761
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	19		19
71550 MRI CHEST	27	1	28
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	48	2	50
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	55	2	57
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	62	4	66
72192 CT PELVIS WITHOUT CONTRAST	4	1	5
72196 MRI PELVIS	46	1	47
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	26		26
73221 MRI JOINT OF UPPER EXTREMITY	10		10
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	6	1	7
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	5		5
74150 CT ABDOMEN WITHOUT CONTRAST	28		28
74176 CT ABD & PELVIS W/O CONTRAST	618	52	670

74181 MRI ABDOMEN	35	1	36
75557 Cardiac MRI Morph & structure w/o contrast	2		2
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
76390 Mr spectroscopy	2		2
77058 MRI breast,without and/or with contrast material(s);unilateral	14		14
77084 Magnetic resonance imaging, bone marrow blood supply	24		24
78472 CARDIAC OR HEART BLOOD POOL IMAGING	50		50
78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	1	1	2
78813 PET IMAGING WHOLE BODY	54	6	60
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	385	35	420
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2		2
S8032 Low-dose Computed Tomography For Lung Cancer Screening		1	1
Hospital	4		4
70450 CT BRAIN, HEAD	1		1
77084 Magnetic resonance imaging, bone marrow blood supply	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78813 PET IMAGING WHOLE BODY	1		1
Infectious Diseases	25		25
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	11		11
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2		2
73700 CT LEG OR LOWER EXTREMITY	1		1
74176 CT ABD & PELVIS W/O CONTRAST	7		7
Internal Medicine	1370	228	1598
70450 CT BRAIN, HEAD	61	14	75
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	21	1	22
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	19		19
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	4	3	7
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	8		8
70540 MRI ORBIT/FACE/NECK W/O DYE	5		5
70544 Mr angiography head w/o dye	6		6

70547 Mr angiography neck w/o dye	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	120	14	134
71250 CT CHEST, THORAX	171	11	182
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	11	1	12
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	13	3	16
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	2	1	3
72131 CT LUMBAR SPINE, LOW BACK	12	3	15
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	111	28	139
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	41	16	57
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	230	45	275
72192 CT PELVIS WITHOUT CONTRAST	4		4
72196 MRI PELVIS	10		10
73200 CT ARM OR UPPER EXTREMITY	8		8
73206 CT ANGIOGRAPHY UPPER EXTREMITY	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	5		5
73221 MRI JOINT OF UPPER EXTREMITY	47	19	66
73700 CT LEG OR LOWER EXTREMITY	6		6
73706 CT ANGIOGRAPHY LOWER EXTREMITY	2		2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	77	12	89
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	14	2	16
74150 CT ABDOMEN WITHOUT CONTRAST	32	3	35
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	3		3
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	6	1	7
74176 CT ABD & PELVIS W/O CONTRAST	207	24	231
74181 MRI ABDOMEN	16	2	18
75572 CT Heart	1		1
75574 CT Angiography Heart coronary arteries, CCTA	2		2
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	8		8
76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)		1	1
77058 MRI breast,without and/or with contrast material(s);unilateral	4	1	5
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	52	19	71
78472 CARDIAC OR HEART BLOOD POOL IMAGING	2		2
78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	2		2

78813 PET IMAGING WHOLE BODY	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	10		10
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	4	2	6
93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	1		1
S8032 Low-dose Computed Tomography For Lung Cancer Screening	6	1	7
S8037 mrcp		1	1
Interventional Radiologists	12		12
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70544 Mr angiography head w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	2		2
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3		3
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
S8032 Low-dose Computed Tomography For Lung Cancer Screening	1		1
Nephrology	30	5	35
70450 CT BRAIN, HEAD	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2	2	4
71250 CT CHEST, THORAX	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1	1
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1	1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3		3
72196 MRI PELVIS	2		2
73200 CT ARM OR UPPER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	3		3
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	7		7
74181 MRI ABDOMEN	3		3
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2		2

Neurological Surgery	1030	120	1150
70450 CT BRAIN, HEAD	65	3	68
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	2		2
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	14		14
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	4		4
70540 MRI ORBIT/FACE/NECK W/O DYE	2		2
70544 Mr angiography head w/o dye	11	2	13
70547 Mr angiography neck w/o dye	3	1	4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	144	3	147
71250 CT CHEST, THORAX	7	1	8
71550 MRI CHEST	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	42	9	51
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	13	7	20
72131 CT LUMBAR SPINE, LOW BACK	96	12	108
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	209	25	234
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	49	18	67
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	342	31	373
72192 CT PELVIS WITHOUT CONTRAST	2	1	3
72196 MRI PELVIS	4		4
73221 MRI JOINT OF UPPER EXTREMITY	3	3	6
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2	2	4
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	6	1	7
74150 CT ABDOMEN WITHOUT CONTRAST		1	1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	2		2
76390 Mr spectroscopy	2		2
78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	1		1
Neurology	1239	146	1385
0042T Ct perfusion w/contrast, cbf	1		1
70450 CT BRAIN, HEAD	29	4	33
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		1	1

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	54	10	64
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	39	7	46
70540 MRI ORBIT/FACE/NECK W/O DYE	5	2	7
70544 Mr angiography head w/o dye	52	20	72
70547 Mr angiography neck w/o dye	25	6	31
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	702	22	724
71250 CT CHEST, THORAX	5	2	7
71550 MRI CHEST	4		4
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	4	2	6
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	2		2
72131 CT LUMBAR SPINE, LOW BACK	3		3
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	170	40	210
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	43	10	53
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	74	15	89
72196 MRI PELVIS	3	1	4
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	1	1	2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2		2
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	4		4
74176 CT ABD & PELVIS W/O CONTRAST	5	2	7
74181 MRI ABDOMEN	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	4	1	5
78813 PET IMAGING WHOLE BODY	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
OB/Gynecology	203	17	220
70450 CT BRAIN, HEAD	1		1
70544 Mr angiography head w/o dye	1		1
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	8	2	10
71250 CT CHEST, THORAX	14	2	16

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	6	1	7
72192 CT PELVIS WITHOUT CONTRAST	14		14
72196 MRI PELVIS	19	1	20
73221 MRI JOINT OF UPPER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	4	1	5
74176 CT ABD & PELVIS W/O CONTRAST	95	7	102
74181 MRI ABDOMEN	2		2
75572 CT Heart		1	1
77058 MRI breast,without and/or with contrast material(s);unilateral	27	2	29
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	9		9
Obstetrics & Gynecology	2		2
77058 MRI breast,without and/or with contrast material(s);unilateral	2		2
Occupational Medicine	6	2	8
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2	2	4
73221 MRI JOINT OF UPPER EXTREMITY	1		1
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Oncology	33		33
70450 CT BRAIN, HEAD	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	8		8
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	1		1
72196 MRI PELVIS	1		1
74176 CT ABD & PELVIS W/O CONTRAST	8		8
74181 MRI ABDOMEN	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	6		6
Ophthalmology	89	4	93
70450 CT BRAIN, HEAD	11	2	13

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	5		5
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	2		2
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	28	1	29
70544 Mr angiography head w/o dye	3		3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	37	1	38
71250 CT CHEST, THORAX	1		1
75574 CT Angiography Heart coronary arteries, CCTA	1		1
Oral/Maxillofacial	1	1	2
70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		1	1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
Orthopedics	3012	197	3209
70450 CT BRAIN, HEAD		1	1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE		3	3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5	2	7
71250 CT CHEST, THORAX	5	1	6
71550 MRI CHEST	4	1	5
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	15	4	19
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	5	2	7
72131 CT LUMBAR SPINE, LOW BACK	32	4	36
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	212	37	249
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	27	7	34
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	346	59	405
72192 CT PELVIS WITHOUT CONTRAST	7		7
72196 MRI PELVIS	27	5	32
73200 CT ARM OR UPPER EXTREMITY	79	1	80
73206 CT ANGIOGRAPHY UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	48	2	50
73221 MRI JOINT OF UPPER EXTREMITY	867	22	889
73700 CT LEG OR LOWER EXTREMITY	99	1	100
73706 CT ANGIOGRAPHY LOWER EXTREMITY	3		3

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1112	33	1145
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	113	8	121
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST		3	3
75571 Coronary Artery Calcium Score, EBCT	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
Osteopath	8	1	9
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	2		2
72131 CT LUMBAR SPINE, LOW BACK		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
Other	45	18	63
70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT	5		5
70450 CT BRAIN, HEAD	1	1	2
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	10	6	16
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	3		3
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	8	1	9
73221 MRI JOINT OF UPPER EXTREMITY	2	2	4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	4	3	7
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	4	3	7
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1	1	2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		1	1
OTHER O/P DIAG TESTING	1		1

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
Otolaryngology	770	15	785
70450 CT BRAIN, HEAD	7		7
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	41	2	43
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	368	6	374
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	150		150
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	12	1	13
70544 Mr angiography head w/o dye	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	139	1	140
71250 CT CHEST, THORAX	25	2	27
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		1	1
71550 MRI CHEST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	4	1	5
73221 MRI JOINT OF UPPER EXTREMITY	1		1
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	2		2
74181 MRI ABDOMEN	2		2
78813 PET IMAGING WHOLE BODY	4	1	5
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	9		9
Pediatric Oncology	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
76390 Mr spectroscopy	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2		2
Pediatrics	178	22	200
70450 CT BRAIN, HEAD	17	2	19
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3	1	4
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	3		3
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	3		3
70544 Mr angiography head w/o dye	1	1	2

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	50		50
71250 CT CHEST, THORAX	5		5
71550 MRI CHEST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1	1	2
72131 CT LUMBAR SPINE, LOW BACK	2	1	3
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	4	2	6
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	3	1	4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	13	4	17
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	4		4
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	4	2	6
73221 MRI JOINT OF UPPER EXTREMITY	4	2	6
73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	14	3	17
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	3	1	4
74150 CT ABDOMEN WITHOUT CONTRAST	4		4
74176 CT ABD & PELVIS W/O CONTRAST	23		23
74181 MRI ABDOMEN	3		3
75557 Cardiac MRI Morph & structure w/o contrast	5	1	6
75573 CT Heart Congenital Study	3		3
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
Plastic Surgery	25		25
70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	5		5
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72196 MRI PELVIS	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	3		3
73221 MRI JOINT OF UPPER EXTREMITY	2		2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	3		3
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1		1

77058 MRI breast,without and/or with contrast material(s);unilateral	4		4
Podiatry	175	8	183
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	5	1	6
73700 CT LEG OR LOWER EXTREMITY	15		15
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	155	7	162
Preventitive Medicine	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
Psychiatry	4		4
70450 CT BRAIN, HEAD	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3		3
Pulmonary Medicine	297	17	314
70450 CT BRAIN, HEAD	2		2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	7		7
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	6		6
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		1	1
70544 Mr angiography head w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3	2	5
71250 CT CHEST, THORAX	255	9	264
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	6	1	7
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1	1	2
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	2		2
78813 PET IMAGING WHOLE BODY	2	1	3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	7	1	8
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	3		3
Radiation Oncology	105	12	117
70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	3		3
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	28	1	29
71250 CT CHEST, THORAX	19	2	21

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2		2
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1	1	2
72196 MRI PELVIS	5	1	6
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	5		5
74176 CT ABD & PELVIS W/O CONTRAST	12	2	14
74181 MRI ABDOMEN		1	1
78813 PET IMAGING WHOLE BODY	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	25	4	29
Radiology	23		23
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70544 Mr angiography head w/o dye	3		3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3		3
71250 CT CHEST, THORAX	2		2
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
72192 CT PELVIS WITHOUT CONTRAST	2		2
72196 MRI PELVIS	2		2
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
76390 Mr spectroscopy	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	1		1
Rehabilitations	29	13	42
71550 MRI CHEST		1	1
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	3	4	7
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1	2	3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	19	6	25
72196 MRI PELVIS	3		3
73221 MRI JOINT OF UPPER EXTREMITY	1		1

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
Rheumatology	196	24	220
70450 CT BRAIN, HEAD	2		2
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4	1	5
71250 CT CHEST, THORAX	9	1	10
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	14	1	15
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	5	1	6
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	32	3	35
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	13	2	15
73200 CT ARM OR UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	35	3	38
73221 MRI JOINT OF UPPER EXTREMITY	38	5	43
73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST		1	1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	20	3	23
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	9	1	10
74176 CT ABD & PELVIS W/O CONTRAST	6	2	8
74181 MRI ABDOMEN	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	1		1
Sports Medicine	27	2	29
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71550 MRI CHEST	1		1
72131 CT LUMBAR SPINE, LOW BACK	4	1	5
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	7		7
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	9	1	10
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	4		4
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Surgery	475	35	510

70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT	1		1
70450 CT BRAIN, HEAD	5		5
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	2		2
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	13	1	14
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	2		2
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	4	1	5
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3	1	4
71250 CT CHEST, THORAX	38	4	42
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	2		2
71550 MRI CHEST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	6	1	7
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1	2	3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	6	5	11
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	1		1
72192 CT PELVIS WITHOUT CONTRAST	12		12
72196 MRI PELVIS	8	1	9
73200 CT ARM OR UPPER EXTREMITY	11		11
73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT	27		27
73221 MRI JOINT OF UPPER EXTREMITY	36	1	37
73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST		1	1
73700 CT LEG OR LOWER EXTREMITY	3		3
73706 CT ANGIOGRAPHY LOWER EXTREMITY		1	1
73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	10	1	11
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1	1	2
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	22	2	24
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	4		4
74176 CT ABD & PELVIS W/O CONTRAST	197	10	207
74181 MRI ABDOMEN	20	1	21
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	2		2
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	3		3

76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	13	1	14
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78813 PET IMAGING WHOLE BODY	3		3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	5		5
S8037 mrcp	8		8
Surgical Oncology	51	1	52
71250 CT CHEST, THORAX	18		18
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72196 MRI PELVIS	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	3		3
74176 CT ABD & PELVIS W/O CONTRAST	9		9
77058 MRI breast,without and/or with contrast material(s);unilateral	17	1	18
78813 PET IMAGING WHOLE BODY	2		2
Thoracic Surgery	24	1	25
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	2		2
71250 CT CHEST, THORAX	11		11
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	3		3
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1	1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2		2
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	3		3
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
Unknown	376	98	474
70450 CT BRAIN, HEAD	14	5	19
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	5	1	6
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	2		2
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70544 Mr angiography head w/o dye	3	2	5
70547 Mr angiography neck w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	36	5	41

71250 CT CHEST, THORAX	25	3	28
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	7		7
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1	2	3
72131 CT LUMBAR SPINE, LOW BACK	5	2	7
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	27	8	35
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	6	8	14
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	60	27	87
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	3		3
73200 CT ARM OR UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1	1	2
73221 MRI JOINT OF UPPER EXTREMITY	24	6	30
73700 CT LEG OR LOWER EXTREMITY	2		2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	61	2	63
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	3	3	6
74150 CT ABDOMEN WITHOUT CONTRAST	6	2	8
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST		1	1
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST	52	10	62
74181 MRI ABDOMEN	2		2
75574 CT Angiography Heart coronary arteries, CCTA	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	1		1
77084 Magnetic resonance imaging, bone marrow blood supply	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	5	6	11
78813 PET IMAGING WHOLE BODY		1	1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	4	1	5
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	12		12
93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	1		1
Urology	701	20	721
70450 CT BRAIN, HEAD	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	24	2	26
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	6	1	7

72192 CT PELVIS WITHOUT CONTRAST	5			5
72196 MRI PELVIS	38			38
73221 MRI JOINT OF UPPER EXTREMITY	1			1
74150 CT ABDOMEN WITHOUT CONTRAST	31			31
74176 CT ABD & PELVIS W/O CONTRAST	569	14		583
74181 MRI ABDOMEN	22			22
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2	3		5
Vascular Surgery	23			23
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	4			4
71250 CT CHEST, THORAX	1			1
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1			1
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	1			1
74150 CT ABDOMEN WITHOUT CONTRAST	2			2
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	3			3
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1			1
74176 CT ABD & PELVIS W/O CONTRAST	2			2
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	6			6
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1			1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1			1
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Grand Total	23226	2946	1	26173

spec_name	min_outcome	diag_proc
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Advanced Practice Registered Nurse	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX
Advanced Practice Registered Nurse	Approval	72131 CT LUMBAR SPINE, LOW BACK

Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Advanced Practice Registered Nurse Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72192 CT PELVIS WITHOUT CONTRAST

Advanced Practice Registered Nurse	Approval	72196 MRI PELVIS
Advanced Practice Registered Nurse	Approval	72196 MRI PELVIS

Advanced Practice Registered Nurse	Approval	72196 MRI PELVIS
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Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY
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Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY
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Advanced Practice Registered Nurse

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse
Advanced Practice Registered Nurse

Approval
Approval

73221 MRI JOINT OF UPPER EXTREMITY
73706 CT ANGIOGRAPHY LOWER EXTREMITY

Advanced Practice Registered Nurse

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Advanced Practice Registered Nurse Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Advanced Practice Registered Nurse Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Advanced Practice Registered Nurse

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Advanced Practice Registered Nurse

Approval

74181 MRI ABDOMEN

Advanced Practice Registered Nurse

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Advanced Practice Registered Nurse

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Advanced Practice Registered Nurse

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Advanced Practice Registered Nurse

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Advanced Practice Registered Nurse Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Advanced Practice Registered Nurse Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Advanced Practice Registered Nurse Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Advanced Practice Registered Nurse Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Advanced Practice Registered Nurse Disapproval 70450 CT BRAIN, HEAD

Advanced Practice Registered Nurse Disapproval 70450 CT BRAIN, HEAD

Advanced Practice Registered Nurse Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Advanced Practice Registered Nurse Disapproval 71250 CT CHEST, THORAX

Advanced Practice Registered Nurse Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Advanced Practice Registered Nurse Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Advanced Practice Registered Nurse Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Advanced Practice Registered Nurse Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Advanced Practice Registered Nurse Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Advanced Practice Registered Nurse Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Advanced Practice Registered Nurse	Disapproval	73200 CT ARM OR UPPER EXTREMITY
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Advanced Practice Registered Nurse	Disapproval	73700 CT LEG OR LOWER EXTREMITY

Advanced Practice Registered Nurse	Disapproval	73700 CT LEG OR LOWER EXTREMITY
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Advanced Practice Registered Nurse	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Advanced Practice Registered Nurse	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST

Advanced Practice Registered Nurse Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Advanced Practice Registered Nurse Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Advanced Practice Registered Nurse Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Allergy & Immunology Approval 70450 CT BRAIN, HEAD

Allergy & Immunology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Allergy & Immunology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Allergy & Immunology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Allergy & Immunology

Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Allergy & Immunology

Approval

71250 CT CHEST, THORAX

Allergy & Immunology

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Anesthesiology

Approval

70544 Mr angiography head w/o dye

Anesthesiology

Approval

70547 Mr angiography neck w/o dye

Anesthesiology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Anesthesiology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Anesthesiology

Approval

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Anesthesiology

Approval

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Anesthesiology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Anesthesiology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Anesthesiology Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Anesthesiology Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Anesthesiology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Anesthesiology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Anesthesiology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Anesthesiology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Anesthesiology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Anesthesiology Approval 72196 MRI PELVIS

Anesthesiology	Approval	72196 MRI PELVIS
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Anesthesiology	Approval	73700 CT LEG OR LOWER EXTREMITY

Anesthesiology
Anesthesiology

Approval
Approval

73700 CT LEG OR LOWER EXTREMITY
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Anesthesiology Disapproval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Anesthesiology Disapproval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Anesthesiology Disapproval 72131 CT LUMBAR SPINE, LOW BACK

Anesthesiology Disapproval 72131 CT LUMBAR SPINE, LOW BACK

Anesthesiology Disapproval 72131 CT LUMBAR SPINE, LOW BACK

Anesthesiology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Anesthesiology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Anesthesiology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Anesthesiology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Anesthesiology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Anesthesiology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Anesthesiology

Disapproval

73200 CT ARM OR UPPER EXTREMITY

Anesthesiology

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Anesthesiology

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Anesthesiology

Disapproval

73700 CT LEG OR LOWER EXTREMITY

Anesthesiology

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	71250 CT CHEST, THORAX

Cardiac Surgery	Approval	71250 CT CHEST, THORAX
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Cardiac Surgery	Approval	71250 CT CHEST, THORAX
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Cardiac Surgery	Approval	71250 CT CHEST, THORAX
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Cardiac Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Cardiac Surgery	Approval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST
Cardiac Surgery	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST
Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
Cardiac Surgery	Approval	75557 Cardiac MRI Morph & structure w/o contrast

Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
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Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Cardiology	Approval	71250 CT CHEST, THORAX

Cardiology Approval 71250 CT CHEST, THORAX

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Cardiology Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

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Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiology	Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST
Cardiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Cardiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Cardiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Cardiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Cardiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Cardiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Cardiology	Approval	72192 CT PELVIS WITHOUT CONTRAST
Cardiology	Approval	72192 CT PELVIS WITHOUT CONTRAST
Cardiology	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY

Cardiology	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY
Cardiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Cardiology	Approval	73700 CT LEG OR LOWER EXTREMITY
Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

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Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Cardiology	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
Cardiology	Approval	75557 Cardiac MRI Morph & structure w/o contrast
Cardiology	Approval	75557 Cardiac MRI Morph & structure w/o contrast
Cardiology	Approval	75571 Coronary Artery Calcium Score, EBCT
Cardiology	Approval	75572 CT Heart
Cardiology	Approval	75572 CT Heart

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75572 CT Heart
75574 CT Angiography Heart coronary arteries, CCTA

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Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA
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Cardiology Cardiology	Approval Approval	75574 CT Angiography Heart coronary arteries, CCTA 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Cardiology Cardiology Cardiology	Approval Approval Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Cardiology Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Cardiology Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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Cardiology Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Cardiology Approval 78459 Myocardial imaging, PET

Cardiology Approval 78459 Myocardial imaging, PET

Cardiology Approval 78459 Myocardial imaging, PET
Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

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Cardiology Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Approval 93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R

Cardiology Approval 93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R

Cardiology Approval 93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS

Cardiology Approval 93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS

Cardiology Approval 93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS

Cardiology Approval 93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS

Cardiology Approval 93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS

Cardiology Approval 93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS

Cardiology

Disapproval

70450 CT BRAIN, HEAD

Cardiology

Disapproval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Cardiology

Disapproval

71250 CT CHEST, THORAX

Cardiology

Disapproval

71250 CT CHEST, THORAX

Cardiology	Disapproval	71250 CT CHEST, THORAX
Cardiology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Cardiology	Disapproval	73206 CT ANGIOGRAPHY UPPER EXTREMITY
Cardiology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Cardiology

Disapproval

74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Cardiology

Disapproval

74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Cardiology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Cardiology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Cardiology Disapproval 74181 MRI ABDOMEN
Cardiology Disapproval 75557 Cardiac MRI Morph & structure w/o contrast

Cardiology Disapproval 75571 Corornary Artery Calcium Score, EBCT
Cardiology Disapproval 75571 Corornary Artery Calcium Score, EBCT

Cardiology Disapproval 75571 Corornary Artery Calcium Score, EBCT

Cardiology Disapproval 75574 CT Angiography Heart coronary arteries, CCTA

Cardiology Disapproval 75574 CT Angiography Heart coronary arteries, CCTA

Cardiology Disapproval 75574 CT Angiography Heart coronary arteries, CCTA

Cardiology Disapproval 75574 CT Angiography Heart coronary arteries, CCTA

Cardiology Disapproval 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Cardiology Disapproval 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Cardiology Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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Cardiology	Disapproval	78459 Myocardial imaging, PET
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Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
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Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
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Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS

Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
Cardiology	Withdrawal	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Chiropractic Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Chiropractic Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Chiropractic Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Chiropractic Medicine

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Chiropractic Medicine

Approval

72131 CT LUMBAR SPINE, LOW BACK

Chiropractic Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Chiropractic Medicine Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Chiropractic Medicine Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Chiropractic Medicine Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Chiropractic Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Chiropractic Medicine Approval 73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine Approval 73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine Approval 73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine Approval 73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine

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73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72196 MRI PELVIS

Chiropractic Medicine

Disapproval

72196 MRI PELVIS

Chiropractic Medicine

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

Disapproval

74181 MRI ABDOMEN

Chiropractic Medicine	Disapproval	74181 MRI ABDOMEN
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX
Colon & Rectal Surgery	Approval	72196 MRI PELVIS
Colon & Rectal Surgery	Approval	72196 MRI PELVIS
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Colon & Rectal Surgery	Approval	74181 MRI ABDOMEN
Colon & Rectal Surgery	Approval	74261 CT Colonography, diagnostic without contrast

Dermatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
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Dermatology	Approval	71250 CT CHEST, THORAX
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Dermatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Doctors and Rehabilitation	Approval	70450 CT BRAIN, HEAD
Doctors and Rehabilitation	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Doctors and Rehabilitation	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	71250 CT CHEST, THORAX
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Doctors and Rehabilitation	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation Doctors and Rehabilitation	Approval Approval	72131 CT LUMBAR SPINE, LOW BACK 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Doctors and Rehabilitation Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Doctors and Rehabilitation Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Doctors and Rehabilitation Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Doctors and Rehabilitation Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Doctors and Rehabilitation Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation	Approval	72192 CT PELVIS WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72196 MRI PELVIS
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Doctors and Rehabilitation Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Doctors and Rehabilitation Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
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Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Doctors and Rehabilitation Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Doctors and Rehabilitation Disapproval 73700 CT LEG OR LOWER EXTREMITY

Emergency Medicine Approval 70450 CT BRAIN, HEAD

Emergency Medicine Approval 70450 CT BRAIN, HEAD

Emergency Medicine Approval 70450 CT BRAIN, HEAD

Emergency Medicine Approval 70450 CT BRAIN, HEAD

Emergency Medicine Approval 70450 CT BRAIN, HEAD

Emergency Medicine

Approval

70450 CT BRAIN, HEAD

Emergency Medicine

Approval

70450 CT BRAIN, HEAD

Emergency Medicine

Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Emergency Medicine

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Emergency Medicine

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Emergency Medicine	Approval	71250 CT CHEST, THORAX
Emergency Medicine	Approval	71250 CT CHEST, THORAX
Emergency Medicine	Approval	71250 CT CHEST, THORAX
Emergency Medicine	Approval	71250 CT CHEST, THORAX
Emergency Medicine	Approval	71250 CT CHEST, THORAX
Emergency Medicine	Approval	71250 CT CHEST, THORAX
Emergency Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Emergency Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Emergency Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Emergency Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Emergency Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Emergency Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Emergency Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
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Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
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Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
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Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
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Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Emergency Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Emergency Medicine	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Emergency Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Emergency Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Emergency Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Emergency Medicine

Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Emergency Medicine

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Emergency Medicine

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Emergency Medicine

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Emergency Medicine

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Emergency Medicine

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Emergency Medicine

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Emergency Medicine

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Emergency Medicine

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Endocrinology

Approval

70450 CT BRAIN, HEAD

Endocrinology

Approval

70450 CT BRAIN, HEAD

Endocrinology

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Endocrinology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Endocrinology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Endocrinology	Approval	71250 CT CHEST, THORAX
Endocrinology	Approval	71250 CT CHEST, THORAX
Endocrinology	Approval	71250 CT CHEST, THORAX
Endocrinology	Approval	72196 MRI PELVIS
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Endocrinology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Endocrinology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Endocrinology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Endocrinology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Endocrinology Approval 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST

Endocrinology Approval 78071 Parathyroid SPECT Imaging

Endocrinology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Endocrinology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Endocrinology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Endocrinology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Endocrinology	Disapproval	70450 CT BRAIN, HEAD
Endocrinology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Endocrinology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST
Free Standing Surgery Center	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Gastroenterology	Approval	70450 CT BRAIN, HEAD
Gastroenterology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Gastroenterology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Gastroenterology	Approval	71250 CT CHEST, THORAX

Gastroenterology	Approval	71250 CT CHEST, THORAX
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Gastroenterology	Approval	71250 CT CHEST, THORAX
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Gastroenterology	Approval	71250 CT CHEST, THORAX
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Gastroenterology

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71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

Gastroenterology

Approval

71250 CT CHEST, THORAX

Gastroenterology

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Gastroenterology
Gastroenterology

Approval
Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
72192 CT PELVIS WITHOUT CONTRAST

Gastroenterology

Approval

72196 MRI PELVIS

Gastroenterology
Gastroenterology
Gastroenterology

Approval
Approval
Approval

72196 MRI PELVIS
73221 MRI JOINT OF UPPER EXTREMITY
74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology

Approval

74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

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Gastroenterology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Gastroenterology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Gastroenterology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Gastroenterology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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74176 CT ABD & PELVIS W/O CONTRAST

Gastroenterology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Gastroenterology	Approval	74181 MRI ABDOMEN

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Gastroenterology

Approval

74261 CT Colonography, diagnostic without contrast

Gastroenterology

Approval

74261 CT Colonography, diagnostic without contrast

Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast
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Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast
Gastroenterology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Gastroenterology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Gastroenterology Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Gastroenterology Approval S8037 mrcp

Gastroenterology Approval S8037 mrcp

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Gastroenterology Approval S8037 mrcp

Gastroenterology Approval S8037 mrcp

Gastroenterology Approval S8037 mrcp

Gastroenterology Disapproval 70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT

Gastroenterology Disapproval 71250 CT CHEST, THORAX

Gastroenterology Disapproval 71250 CT CHEST, THORAX

Gastroenterology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Disapproval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Gastroenterology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Gastroenterology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Gastroenterology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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74181 MRI ABDOMEN

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74261 CT Colonography, diagnostic without contrast

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74263 CT Colonography, screening

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75571 Coronary Artery Calcium Score, EBCT

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75571 Coronary Artery Calcium Score, EBCT

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75571 Coronary Artery Calcium Score, EBCT

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75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Gastroenterology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Gastroenterology	Disapproval	S8037 mrcp
General/Family Practice	Approval	70450 CT BRAIN, HEAD
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General/Family Practice	Approval	70450 CT BRAIN, HEAD
General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice

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70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

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70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

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70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

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70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

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General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE

General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
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General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
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70544 Mr angiography head w/o dye

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

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71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

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71550 MRI CHEST

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71550 MRI CHEST

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71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY

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General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
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General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY
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73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST
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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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General/Family Practice Approval 74176 CT ABD & PELVIS W/O CONTRAST

General/Family Practice Approval 74176 CT ABD & PELVIS W/O CONTRAST

General/Family Practice Approval 74176 CT ABD & PELVIS W/O CONTRAST

General/Family Practice Approval 74176 CT ABD & PELVIS W/O CONTRAST
General/Family Practice Approval 74181 MRI ABDOMEN

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74181 MRI ABDOMEN

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74181 MRI ABDOMEN

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74181 MRI ABDOMEN

General/Family Practice

Approval

74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST

General/Family Practice	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
General/Family Practice	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
General/Family Practice	Approval	74263 CT Colonography, screening
General/Family Practice	Approval	75571 Coronary Artery Calcium Score, EBCT
General/Family Practice	Approval	75574 CT Angiography Heart coronary arteries, CCTA
General/Family Practice	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
General/Family Practice	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
General/Family Practice	Approval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
General/Family Practice	Approval	77078 CT bone mineral density study, 1 or more sites; axial skeleton
General/Family Practice	Approval	78071 Parathyroid SPECT Imaging
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Approval

78813 PET IMAGING WHOLE BODY

General/Family Practice

Approval

78813 PET IMAGING WHOLE BODY

General/Family Practice

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78813 PET IMAGING WHOLE BODY

General/Family Practice

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78813 PET IMAGING WHOLE BODY

General/Family Practice Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

General/Family Practice Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

General/Family Practice Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

General/Family Practice Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

General/Family Practice Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

General/Family Practice Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

General/Family Practice Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

General/Family Practice

Approval

93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

General/Family Practice

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93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

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General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
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General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS

General/Family Practice

Approval

S8032 Low-dose Computed Tomography For Lung Cancer Screening

General/Family Practice

Approval

S8032 Low-dose Computed Tomography For Lung Cancer Screening

General/Family Practice

Approval

S8032 Low-dose Computed Tomography For Lung Cancer Screening

General/Family Practice	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
General/Family Practice	Approval	S8037 mrcp
General/Family Practice	Approval	S8037 mrcp
General/Family Practice	Approval	S8037 mrcp
General/Family Practice	Approval	S8037 mrcp
General/Family Practice	Disapproval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD

General/Family Practice Disapproval 70450 CT BRAIN, HEAD

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General/Family Practice

Disapproval

70450 CT BRAIN, HEAD

General/Family Practice

Disapproval

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

General/Family Practice

Disapproval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice

Disapproval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice

Disapproval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice

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General/Family Practice

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70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice

Disapproval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Disapproval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice Disapproval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice Disapproval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice Disapproval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice Disapproval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice Disapproval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice Disapproval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice Disapproval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice Disapproval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

General/Family Practice Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

General/Family Practice Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

General/Family Practice Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

General/Family Practice

Disapproval

70540 MRI ORBIT/FACE/NECK W/O DYE

General/Family Practice

Disapproval

70540 MRI ORBIT/FACE/NECK W/O DYE

General/Family Practice

Disapproval

70540 MRI ORBIT/FACE/NECK W/O DYE

General/Family Practice

Disapproval

70544 Mr angiography head w/o dye

General/Family Practice

Disapproval

70544 Mr angiography head w/o dye

General/Family Practice

Disapproval

70544 Mr angiography head w/o dye

General/Family Practice

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70544 Mr angiography head w/o dye

General/Family Practice

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

General/Family Practice

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

General/Family Practice

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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General/Family Practice

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

General/Family Practice

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

General/Family Practice

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

General/Family Practice

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General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71550 MRI CHEST

General/Family Practice Disapproval 71550 MRI CHEST

General/Family Practice

Disapproval

71550 MRI CHEST

General/Family Practice

Disapproval

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

General/Family Practice

Disapproval

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

General/Family Practice

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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General/Family Practice

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

General/Family Practice Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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General/Family Practice Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

General/Family Practice Disapproval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

General/Family Practice Disapproval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

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General/Family Practice Disapproval 72131 CT LUMBAR SPINE, LOW BACK

General/Family Practice Disapproval 72131 CT LUMBAR SPINE, LOW BACK

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72131 CT LUMBAR SPINE, LOW BACK

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72131 CT LUMBAR SPINE, LOW BACK

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72131 CT LUMBAR SPINE, LOW BACK

General/Family Practice

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72131 CT LUMBAR SPINE, LOW BACK

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72131 CT LUMBAR SPINE, LOW BACK

General/Family Practice

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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General/Family Practice Disapproval 73200 CT ARM OR UPPER EXTREMITY

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73200 CT ARM OR UPPER EXTREMITY

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73206 CT ANGIOGRAPHY UPPER EXTREMITY

General/Family Practice

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73206 CT ANGIOGRAPHY UPPER EXTREMITY

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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73221 MRI JOINT OF UPPER EXTREMITY

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General/Family Practice Disapproval 73700 CT LEG OR LOWER EXTREMITY

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73700 CT LEG OR LOWER EXTREMITY

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73700 CT LEG OR LOWER EXTREMITY

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73706 CT ANGIOGRAPHY LOWER EXTREMITY

General/Family Practice

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

General/Family Practice

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

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74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice Disapproval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

General/Family Practice Disapproval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

General/Family Practice Disapproval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

General/Family Practice Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

General/Family Practice Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

General/Family Practice Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

General/Family Practice Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

General/Family Practice

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

General/Family Practice

Disapproval

74181 MRI ABDOMEN

General/Family Practice

Disapproval

74181 MRI ABDOMEN

General/Family Practice

Disapproval

74263 CT Colonography, screening

General/Family Practice

Disapproval

77058 MRI breast,without and/or with contrast material(s);unilateral

General/Family Practice

Disapproval

77058 MRI breast,without and/or with contrast material(s);unilateral

General/Family Practice

Disapproval

77058 MRI breast,without and/or with contrast material(s);unilateral

General/Family Practice

Disapproval

77078 CT bone mineral density study, 1 or more sites; axial skeleton

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice Disapproval 78813 PET IMAGING WHOLE BODY

General/Family Practice Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

General/Family Practice Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

General/Family Practice Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
General/Family Practice	Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS
General/Family Practice	Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS
General/Family Practice	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
General/Family Practice	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
General/Family Practice	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening

General/Family Practice

Disapproval

S8032 Low-dose Computed Tomography For Lung Cancer Screening

General/Family Practice
Geriatrics

Disapproval
Approval

S8037 mrcp
70450 CT BRAIN, HEAD

Geriatrics

Approval

70450 CT BRAIN, HEAD

Geriatrics
Geriatrics
Geriatrics
Geriatrics
Geriatrics

Approval
Approval
Approval
Approval
Approval

70450 CT BRAIN, HEAD
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
71250 CT CHEST, THORAX
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Geriatrics

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Geriatrics

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Geriatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Geriatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Geriatrics	Approval	73700 CT LEG OR LOWER EXTREMITY
Geriatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Geriatrics	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Geriatrics	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Geriatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Geriatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Geriatrics Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Gynecologic Oncology Approval 70450 CT BRAIN, HEAD

Gynecologic Oncology Approval 71250 CT CHEST, THORAX

Gynecologic Oncology Approval 71250 CT CHEST, THORAX

Gynecologic Oncology Approval 71250 CT CHEST, THORAX

Gynecologic Oncology	Approval	71250 CT CHEST, THORAX
Gynecologic Oncology	Approval	72196 MRI PELVIS
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

Approval

78813 PET IMAGING WHOLE BODY

Gynecologic Oncology

Approval

78813 PET IMAGING WHOLE BODY

Gynecologic Oncology

Approval

78813 PET IMAGING WHOLE BODY

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

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Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

Hematologist/Oncologist

Approval

70450 CT BRAIN, HEAD

Hematologist/Oncologist

Approval

70450 CT BRAIN, HEAD

Hematologist/Oncologist

Approval

70450 CT BRAIN, HEAD

Hematologist/Oncologist

Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Hematologist/Oncologist

Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Hematologist/Oncologist

Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
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Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
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Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist

Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist

Approval

70544 Mr angiography head w/o dye

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Hematologist/Oncologist Approval 71550 MRI CHEST

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72131 CT LUMBAR SPINE, LOW BACK
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Hematologist/Oncologist

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Hematologist/Oncologist

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Hematologist/Oncologist Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Hematologist/Oncologist

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72192 CT PELVIS WITHOUT CONTRAST

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Hematologist/Oncologist Approval 72196 MRI PELVIS

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72196 MRI PELVIS

Hematologist/Oncologist

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Hematologist/Oncologist

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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Hematologist/Oncologist Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Hematologist/Oncologist Approval 73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

Hematologist/Oncologist

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Hematologist/Oncologist

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Hematologist/Oncologist

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Hematologist/Oncologist

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Hematologist/Oncologist

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Hematologist/Oncologist

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Hematologist/Oncologist

Approval

74150 CT ABDOMEN WITHOUT CONTRAST

Hematologist/Oncologist

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74150 CT ABDOMEN WITHOUT CONTRAST

Hematologist/Oncologist

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74150 CT ABDOMEN WITHOUT CONTRAST

Hematologist/Oncologist

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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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74181 MRI ABDOMEN

Hematologist/Oncologist

Approval

75557 Cardiac MRI Morph & structure w/o contrast

Hematologist/Oncologist

Approval

75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Hematologist/Oncologist

Approval

76390 Mr spectroscopy

Hematologist/Oncologist

Approval

76390 Mr spectroscopy

Hematologist/Oncologist

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Hematologist/Oncologist Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Hematologist/Oncologist Approval 77084 Magnetic resonance imaging, bone marrow blood supply

Hematologist/Oncologist Approval 77084 Magnetic resonance imaging, bone marrow blood supply

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Hematologist/Oncologist Approval 77084 Magnetic resonance imaging, bone marrow blood supply

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Hematologist/Oncologist Approval 77084 Magnetic resonance imaging, bone marrow blood supply

Hematologist/Oncologist Approval 77084 Magnetic resonance imaging, bone marrow blood supply

Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING
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Hematologist/Oncologist Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Hematologist/Oncologist Approval 78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

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Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Hematologist/Oncologist	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Hematologist/Oncologist	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Hematologist/Oncologist	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE
Hematologist/Oncologist	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Hematologist/Oncologist

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist Disapproval 71250 CT CHEST, THORAX

Hematologist/Oncologist	Disapproval	71550 MRI CHEST
Hematologist/Oncologist	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist	Disapproval	74181 MRI ABDOMEN
Hematologist/Oncologist	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY

Hematologist/Oncologist

Disapproval

78813 PET IMAGING WHOLE BODY

Hematologist/Oncologist
Hematologist/Oncologist

Disapproval
Disapproval

78813 PET IMAGING WHOLE BODY
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Hematologist/Oncologist

Disapproval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Hematologist/Oncologist

Disapproval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Hematologist/Oncologist

Disapproval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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Disapproval

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Hematologist/Oncologist Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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Hematologist/Oncologist Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Hematologist/Oncologist

Disapproval

S8032 Low-dose Computed Tomography For Lung Cancer Screening

Hospital

Approval

70450 CT BRAIN, HEAD

Hospital

Approval

77084 Magnetic resonance imaging, bone marrow blood supply

Hospital

Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Hospital

Approval

78813 PET IMAGING WHOLE BODY

Infectious Diseases

Approval

70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

Infectious Diseases	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Infectious Diseases	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Infectious Diseases	Approval	71250 CT CHEST, THORAX
Infectious Diseases	Approval	71250 CT CHEST, THORAX
Infectious Diseases	Approval	71250 CT CHEST, THORAX
Infectious Diseases	Approval	71250 CT CHEST, THORAX
Infectious Diseases	Approval	71250 CT CHEST, THORAX
Infectious Diseases	Approval	71250 CT CHEST, THORAX
Infectious Diseases	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Infectious Diseases	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Infectious Diseases	Approval	73700 CT LEG OR LOWER EXTREMITY
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Internal Medicine	Approval	70450 CT BRAIN, HEAD

Internal Medicine	Approval	70450 CT BRAIN, HEAD
Internal Medicine	Approval	70450 CT BRAIN, HEAD
Internal Medicine	Approval	70450 CT BRAIN, HEAD
Internal Medicine	Approval	70450 CT BRAIN, HEAD
Internal Medicine	Approval	70450 CT BRAIN, HEAD
Internal Medicine	Approval	70450 CT BRAIN, HEAD
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
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Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
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Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
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Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
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Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE

Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
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Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Internal Medicine	Approval	70544 Mr angiography head w/o dye

Internal Medicine	Approval	70544 Mr angiography head w/o dye
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Internal Medicine	Approval	70544 Mr angiography head w/o dye
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Internal Medicine	Approval	70544 Mr angiography head w/o dye
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Internal Medicine	Approval	70544 Mr angiography head w/o dye
Internal Medicine	Approval	70544 Mr angiography head w/o dye
Internal Medicine	Approval	70547 Mr angiography neck w/o dye
Internal Medicine	Approval	70547 Mr angiography neck w/o dye
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Internal Medicine	Approval	71250 CT CHEST, THORAX

Internal Medicine	Approval	71250 CT CHEST, THORAX
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Internal Medicine	Approval	71250 CT CHEST, THORAX
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Internal Medicine Approval 71250 CT CHEST, THORAX

Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Internal Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Internal Medicine

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Internal Medicine Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Internal Medicine Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Internal Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Internal Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST

Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST
Internal Medicine	Approval	72196 MRI PELVIS
Internal Medicine	Approval	72196 MRI PELVIS
Internal Medicine	Approval	72196 MRI PELVIS
Internal Medicine	Approval	72196 MRI PELVIS
Internal Medicine	Approval	72196 MRI PELVIS
Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY
Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY
Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY

Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY
Internal Medicine	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
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Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
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Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY
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Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY
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Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY
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Internal Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine

Approval

74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine

Approval

74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine

Approval

74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine

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74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine Approval 74150 CT ABDOMEN WITHOUT CONTRAST

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Internal Medicine Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Internal Medicine	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Internal Medicine	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Internal Medicine	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Internal Medicine	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Internal Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

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74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

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74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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Internal Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine	Approval	75574 CT Angiography Heart coronary arteries, CCTA
Internal Medicine	Approval	75574 CT Angiography Heart coronary arteries, CCTA
Internal Medicine	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Internal Medicine	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Internal Medicine	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral

Internal Medicine

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Internal Medicine

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Internal Medicine

Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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Internal Medicine Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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Internal Medicine Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Internal Medicine Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Internal Medicine Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Internal Medicine Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Internal Medicine Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Internal Medicine Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Internal Medicine Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Internal Medicine	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
Internal Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Internal Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Internal Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD

Internal Medicine Disapproval 70450 CT BRAIN, HEAD

Internal Medicine Disapproval 70450 CT BRAIN, HEAD

Internal Medicine Disapproval 70450 CT BRAIN, HEAD

Internal Medicine Disapproval 70450 CT BRAIN, HEAD

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Internal Medicine Disapproval 70450 CT BRAIN, HEAD

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Internal Medicine Disapproval 70450 CT BRAIN, HEAD

Internal Medicine Disapproval 70450 CT BRAIN, HEAD

Internal Medicine Disapproval 70450 CT BRAIN, HEAD

Internal Medicine Disapproval 70450 CT BRAIN, HEAD

Internal Medicine Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Internal Medicine Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Internal Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine Disapproval 71250 CT CHEST, THORAX

Internal Medicine Disapproval 71250 CT CHEST, THORAX

Internal Medicine Disapproval 71250 CT CHEST, THORAX

Internal Medicine Disapproval 71250 CT CHEST, THORAX

Internal Medicine Disapproval 71250 CT CHEST, THORAX

Internal Medicine	Disapproval	71250 CT CHEST, THORAX
Internal Medicine	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Internal Medicine	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Internal Medicine

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Internal Medicine

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Internal Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Internal Medicine Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Internal Medicine Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Internal Medicine Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Internal Medicine Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Internal Medicine Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Internal Medicine Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Internal Medicine Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Internal Medicine

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Internal Medicine

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

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Internal Medicine Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST
Internal Medicine	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Internal Medicine	Disapproval	74181 MRI ABDOMEN
Internal Medicine	Disapproval	74181 MRI ABDOMEN
Internal Medicine	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)

Internal Medicine

Disapproval

77058 MRI breast,without and/or with contrast material(s);unilateral

Internal Medicine

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Disapproval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Internal Medicine	Disapproval	S8037 mrcp
Interventional Radiologists	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Interventional Radiologists	Approval	70544 Mr angiography head w/o dye
Interventional Radiologists	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Interventional Radiologists	Approval	71250 CT CHEST, THORAX
Interventional Radiologists	Approval	71250 CT CHEST, THORAX
Interventional Radiologists	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Interventional Radiologists	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Interventional Radiologists	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Interventional Radiologists	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Nephrology	Approval	70450 CT BRAIN, HEAD
Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Nephrology	Approval	71250 CT CHEST, THORAX
Nephrology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Nephrology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Nephrology	Approval	72196 MRI PELVIS
Nephrology	Approval	73200 CT ARM OR UPPER EXTREMITY
Nephrology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Nephrology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Nephrology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Nephrology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Nephrology	Approval	74181 MRI ABDOMEN
Nephrology	Approval	74181 MRI ABDOMEN
Nephrology	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
Nephrology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Nephrology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Nephrology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Nephrology Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Nephrology Disapproval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Nephrology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Neurological Surgery Approval 70450 CT BRAIN, HEAD

Neurological Surgery

Approval

70450 CT BRAIN, HEAD

Neurological Surgery

Approval

70450 CT BRAIN, HEAD

Neurological Surgery

Approval

70450 CT BRAIN, HEAD

Neurological Surgery

Approval

70450 CT BRAIN, HEAD

Neurological Surgery

Approval

70450 CT BRAIN, HEAD

Neurological Surgery	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Neurological Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Neurological Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Neurological Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Neurological Surgery
Neurological Surgery

Approval
Approval

70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Neurological Surgery

Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

Neurological Surgery

Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

Neurological Surgery

Approval

70544 Mr angiography head w/o dye

Neurological Surgery

Approval

70544 Mr angiography head w/o dye

Neurological Surgery

Approval

70544 Mr angiography head w/o dye

Neurological Surgery	Approval	70544 Mr angiography head w/o dye
Neurological Surgery	Approval	70544 Mr angiography head w/o dye
Neurological Surgery	Approval	70544 Mr angiography head w/o dye
Neurological Surgery	Approval	70544 Mr angiography head w/o dye
Neurological Surgery	Approval	70544 Mr angiography head w/o dye
Neurological Surgery	Approval	70547 Mr angiography neck w/o dye
Neurological Surgery	Approval	70547 Mr angiography neck w/o dye
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurological Surgery Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurological Surgery Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurological Surgery Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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Neurological Surgery Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurological Surgery Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurological Surgery

Approval

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery

Approval

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery

Approval

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery

Approval

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery

Approval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Approval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Approval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Approval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

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72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

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72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

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72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Approval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Approval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Approval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Approval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurological Surgery

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurological Surgery

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurological Surgery Approval 72192 CT PELVIS WITHOUT CONTRAST

Neurological Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST
Neurological Surgery	Approval	72196 MRI PELVIS
Neurological Surgery	Approval	72196 MRI PELVIS
Neurological Surgery	Approval	72196 MRI PELVIS
Neurological Surgery	Approval	72196 MRI PELVIS
Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Neurological Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Neurological Surgery

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Neurological Surgery

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurological Surgery

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurological Surgery

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurological Surgery	Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD
Neurological Surgery	Disapproval	70544 Mr angiography head w/o dye
Neurological Surgery	Disapproval	70544 Mr angiography head w/o dye
Neurological Surgery	Disapproval	70547 Mr angiography neck w/o dye
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery

Disapproval

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

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72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

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72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurological Surgery

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
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Neurological Surgery Disapproval 72192 CT PELVIS WITHOUT CONTRAST

Neurological Surgery Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Neurological Surgery Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Neurological Surgery

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Neurological Surgery

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Neurological Surgery

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Neurological Surgery

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurology	Approval	70450 CT BRAIN, HEAD
Neurology	Approval	70450 CT BRAIN, HEAD
Neurology	Approval	70450 CT BRAIN, HEAD
Neurology	Approval	70450 CT BRAIN, HEAD
Neurology	Approval	70450 CT BRAIN, HEAD
Neurology	Approval	70450 CT BRAIN, HEAD
Neurology	Approval	70450 CT BRAIN, HEAD
Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Neurology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology Approval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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Neurology Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Neurology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Neurology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Neurology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Neurology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Neurology Approval 70544 Mr angiography head w/o dye

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70547 Mr angiography neck w/o dye
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Neurology Approval 71250 CT CHEST, THORAX

Neurology Approval 71250 CT CHEST, THORAX

Neurology Approval 71250 CT CHEST, THORAX

Neurology	Approval	71250 CT CHEST, THORAX
Neurology	Approval	71250 CT CHEST, THORAX
Neurology	Approval	71550 MRI CHEST
Neurology	Approval	71550 MRI CHEST
Neurology	Approval	71550 MRI CHEST
Neurology	Approval	71550 MRI CHEST
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurology Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurology Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurology Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurology Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurology

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurology

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72131 CT LUMBAR SPINE, LOW BACK

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72131 CT LUMBAR SPINE, LOW BACK

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72131 CT LUMBAR SPINE, LOW BACK

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Neurology Approval 72196 MRI PELVIS

Neurology Approval 72196 MRI PELVIS

Neurology	Approval	72196 MRI PELVIS
Neurology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Neurology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Neurology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Neurology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurology Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurology Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Neurology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Neurology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Neurology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Neurology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Neurology Approval 74181 MRI ABDOMEN

Neurology Approval 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Neurology Approval 78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]

Neurology Approval 78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]

Neurology Approval 78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]

Neurology Approval 78813 PET IMAGING WHOLE BODY

Neurology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Neurology	Disapproval	70450 CT BRAIN, HEAD
Neurology	Disapproval	70450 CT BRAIN, HEAD
Neurology	Disapproval	70450 CT BRAIN, HEAD
Neurology	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Neurology Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
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Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
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Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
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Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
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Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
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Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Neurology Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70547 Mr angiography neck w/o dye

Neurology Disapproval 70547 Mr angiography neck w/o dye

Neurology Disapproval 70547 Mr angiography neck w/o dye

Neurology Disapproval 70547 Mr angiography neck w/o dye

Neurology Disapproval 70547 Mr angiography neck w/o dye

Neurology Disapproval 70547 Mr angiography neck w/o dye

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology

Disapproval

71250 CT CHEST, THORAX

Neurology

Disapproval

71250 CT CHEST, THORAX

Neurology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Neurology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Neurology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 72196 MRI PELVIS

Neurology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Neurology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Neurology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]
OB/Gynecology	Approval	70450 CT BRAIN, HEAD
OB/Gynecology	Approval	70544 Mr angiography head w/o dye
OB/Gynecology	Approval	70547 Mr angiography neck w/o dye
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
OB/Gynecology	Approval	71250 CT CHEST, THORAX

OB/Gynecology

Approval

71250 CT CHEST, THORAX

OB/Gynecology

Approval

71250 CT CHEST, THORAX

OB/Gynecology

Approval

71250 CT CHEST, THORAX

OB/Gynecology

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

OB/Gynecology

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

OB/Gynecology

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

OB/Gynecology

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

OB/Gynecology

Approval

72192 CT PELVIS WITHOUT CONTRAST

OB/Gynecology

Approval

72192 CT PELVIS WITHOUT CONTRAST

OB/Gynecology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Approval

74181 MRI ABDOMEN

OB/Gynecology

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology

Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

OB/Gynecology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

OB/Gynecology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

OB/Gynecology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

OB/Gynecology

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

OB/Gynecology

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

OB/Gynecology

Disapproval

71250 CT CHEST, THORAX

OB/Gynecology

Disapproval

71250 CT CHEST, THORAX

OB/Gynecology

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

OB/Gynecology

Disapproval

72196 MRI PELVIS

OB/Gynecology

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST

OB/Gynecology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Disapproval

75572 CT Heart

OB/Gynecology

Disapproval

77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology

Disapproval

77058 MRI breast,without and/or with contrast material(s);unilateral

Obstetrics & Gynecology

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Occupational Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Occupational Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Occupational Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Occupational Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Occupational Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Occupational Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Occupational Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Occupational Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Oncology	Approval	70450 CT BRAIN, HEAD

Oncology	Approval	71250 CT CHEST, THORAX
Oncology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Oncology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Oncology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Oncology	Approval	72196 MRI PELVIS
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology	Approval	74181 MRI ABDOMEN
Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Oncology Ophthalmology	Approval Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY 70450 CT BRAIN, HEAD
Ophthalmology	Approval	70450 CT BRAIN, HEAD
Ophthalmology Ophthalmology	Approval Approval	70450 CT BRAIN, HEAD 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Ophthalmology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Ophthalmology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Ophthalmology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Ophthalmology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Ophthalmology Approval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology

Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology

Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology

Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology

Approval

70544 Mr angiography head w/o dye

Ophthalmology

Approval

70544 Mr angiography head w/o dye

Ophthalmology

Approval

70544 Mr angiography head w/o dye

Ophthalmology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Ophthalmology Approval 71250 CT CHEST, THORAX
Ophthalmology Approval 75574 CT Angiography Heart coronary arteries, CCTA

Ophthalmology Disapproval 70450 CT BRAIN, HEAD

Ophthalmology	Disapproval	70450 CT BRAIN, HEAD
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Oral/Maxillofacial	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Oral/Maxillofacial	Disapproval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT
Orthopedics	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Orthopedics	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Orthopedics

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Orthopedics

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Orthopedics

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Orthopedics

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Orthopedics	Approval	71250 CT CHEST, THORAX
Orthopedics	Approval	71250 CT CHEST, THORAX
Orthopedics	Approval	71250 CT CHEST, THORAX
Orthopedics	Approval	71550 MRI CHEST
Orthopedics	Approval	71550 MRI CHEST
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Orthopedics Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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Orthopedics Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Orthopedics Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Orthopedics Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Orthopedics Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Orthopedics Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Orthopedics Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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73200 CT ARM OR UPPER EXTREMITY

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73200 CT ARM OR UPPER EXTREMITY

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73206 CT ANGIOGRAPHY UPPER EXTREMITY

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST
Orthopedics	Approval	75571 Coronary Artery Calcium Score, EBCT

Orthopedics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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Orthopedics	Disapproval	70450 CT BRAIN, HEAD
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Orthopedics	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE
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Orthopedics	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE
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Orthopedics

Disapproval

70540 MRI ORBIT/FACE/NECK W/O DYE

Orthopedics

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Orthopedics

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Orthopedics

Disapproval

71250 CT CHEST, THORAX

Orthopedics

Disapproval

71550 MRI CHEST

Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK

Orthopedics

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Orthopedics

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Orthopedics Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Orthopedics Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Orthopedics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Orthopedics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Orthopedics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Orthopedics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Orthopedics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Orthopedics Disapproval 72196 MRI PELVIS

Orthopedics Disapproval 72196 MRI PELVIS

Orthopedics Disapproval 72196 MRI PELVIS

Orthopedics Disapproval 72196 MRI PELVIS

Orthopedics Disapproval 72196 MRI PELVIS

Orthopedics Disapproval 73200 CT ARM OR UPPER EXTREMITY

Orthopedics Disapproval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

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Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics Disapproval 73700 CT LEG OR LOWER EXTREMITY

Orthopedics Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Orthopedics Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Orthopedics Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Orthopedics Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Orthopedics Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Orthopedics Disapproval 74176 CT ABD & PELVIS W/O CONTRAST
Osteopath Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Osteopath	Approval	71250 CT CHEST, THORAX
Osteopath	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Osteopath	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Osteopath	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Osteopath	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Osteopath	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Osteopath	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Other	Approval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT

Other	Approval	70450 CT BRAIN, HEAD
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Other	Approval	70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST
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Other	Approval	70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST
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Other	Approval	70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST
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Other	Approval	70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST
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Other Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Other Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Other Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Other Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Other Approval 71250 CT CHEST, THORAX

Other Approval 71250 CT CHEST, THORAX

Other Approval 71250 CT CHEST, THORAX

Other Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Other Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Other	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Other	Approval	73221 MRI JOINT OF UPPER EXTREMITY

Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Other	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Other Approval 74176 CT ABD & PELVIS W/O CONTRAST

Other Approval 74176 CT ABD & PELVIS W/O CONTRAST

Other Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Other Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Other Disapproval 70450 CT BRAIN, HEAD

Other Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Other Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Other Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Other Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Other Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Other Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Other Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Other Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Other Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Other Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

OTHER O/P DIAG TESTING Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Otolaryngology Approval 70450 CT BRAIN, HEAD

Otolaryngology Approval 70450 CT BRAIN, HEAD

Otolaryngology Approval 70450 CT BRAIN, HEAD

Otolaryngology

Approval

70450 CT BRAIN, HEAD

Otolaryngology

Approval

70450 CT BRAIN, HEAD

Otolaryngology

Approval

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology

Approval

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology

Approval

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology

Approval

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology

Approval

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology

Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology

Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Otolaryngology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Otolaryngology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Otolaryngology	Approval	70544 Mr angiography head w/o dye

Otolaryngology
Otolaryngology

Approval
Approval

70544 Mr angiography head w/o dye
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Otolaryngology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Otolaryngology

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Otolaryngology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Otolaryngology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Otolaryngology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Otolaryngology

Approval

71250 CT CHEST, THORAX

Otolaryngology

Approval

71250 CT CHEST, THORAX

Otolaryngology

Approval

71550 MRI CHEST

Otolaryngology

Approval

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Otolaryngology

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Otolaryngology

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Otolaryngology

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Otolaryngology

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Otolaryngology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Otolaryngology	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST

Otolaryngology	Approval	74181 MRI ABDOMEN
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Otolaryngology	Approval	74181 MRI ABDOMEN
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Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY
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Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY
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Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Otolaryngology	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Otolaryngology	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

Otolaryngology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Otolaryngology	Disapproval	71250 CT CHEST, THORAX
Otolaryngology	Disapproval	71250 CT CHEST, THORAX
Otolaryngology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Otolaryngology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Otolaryngology	Disapproval	78813 PET IMAGING WHOLE BODY
Pediatric Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Pediatric Oncology	Approval	76390 Mr spectroscopy
Pediatric Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Pediatrics Approval 70450 CT BRAIN, HEAD

Pediatrics Approval 70450 CT BRAIN, HEAD

Pediatrics Approval 70450 CT BRAIN, HEAD

Pediatrics Approval 70450 CT BRAIN, HEAD

Pediatrics Approval 70450 CT BRAIN, HEAD

Pediatrics Approval 70450 CT BRAIN, HEAD

Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Pediatrics	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Pediatrics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE

Pediatrics

Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

Pediatrics
Pediatrics
Pediatrics

Approval
Approval
Approval

70540 MRI ORBIT/FACE/NECK W/O DYE
70544 Mr angiography head w/o dye
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Pediatrics	Approval	71250 CT CHEST, THORAX
Pediatrics	Approval	71250 CT CHEST, THORAX
Pediatrics	Approval	71250 CT CHEST, THORAX
Pediatrics	Approval	71550 MRI CHEST
Pediatrics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Pediatrics	Approval	72131 CT LUMBAR SPINE, LOW BACK
Pediatrics	Approval	72131 CT LUMBAR SPINE, LOW BACK
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
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Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
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Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
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Pediatrics Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pediatrics Approval 72192 CT PELVIS WITHOUT CONTRAST
Pediatrics Approval 72196 MRI PELVIS

Pediatrics Approval 72196 MRI PELVIS

Pediatrics Approval 72196 MRI PELVIS
Pediatrics Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Pediatrics Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Pediatrics Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Pediatrics Approval 73221 MRI JOINT OF UPPER EXTREMITY

Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Pediatrics	Approval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Pediatrics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Pediatrics Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Pediatrics Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Pediatrics Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Pediatrics Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Pediatrics	Approval	74181 MRI ABDOMEN
Pediatrics	Approval	74181 MRI ABDOMEN
Pediatrics	Approval	74181 MRI ABDOMEN
Pediatrics	Approval	75557 Cardiac MRI Morph & structure w/o contrast
Pediatrics	Approval	75557 Cardiac MRI Morph & structure w/o contrast
Pediatrics	Approval	75573 CT Heart Congenital Study
Pediatrics	Approval	75573 CT Heart Congenital Study
Pediatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Pediatrics	Disapproval	70450 CT BRAIN, HEAD

Pediatrics	Disapproval	70450 CT BRAIN, HEAD
Pediatrics	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pediatrics	Disapproval	70544 Mr angiography head w/o dye
Pediatrics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Pediatrics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Pediatrics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Pediatrics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pediatrics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Pediatrics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Pediatrics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY

Pediatrics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Pediatrics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Pediatrics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Pediatrics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Pediatrics	Disapproval	75557 Cardiac MRI Morph & structure w/o contrast
Plastic Surgery	Approval	70450 CT BRAIN, HEAD
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Plastic Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Plastic Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Plastic Surgery	Approval	71250 CT CHEST, THORAX
Plastic Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Plastic Surgery	Approval	72196 MRI PELVIS
Plastic Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Plastic Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Plastic Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Plastic Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Plastic Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Plastic Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Plastic Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Plastic Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Plastic Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral

Podiatry Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Podiatry Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Podiatry Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Podiatry Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Podiatry Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Podiatry Approval 73700 CT LEG OR LOWER EXTREMITY

Podiatry Approval 73700 CT LEG OR LOWER EXTREMITY

Podiatry Approval 73700 CT LEG OR LOWER EXTREMITY

Podiatry Approval 73700 CT LEG OR LOWER EXTREMITY

Podiatry Approval 73700 CT LEG OR LOWER EXTREMITY

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Podiatry Approval 73700 CT LEG OR LOWER EXTREMITY

Podiatry Approval 73700 CT LEG OR LOWER EXTREMITY

Podiatry Approval 73700 CT LEG OR LOWER EXTREMITY

Podiatry Approval 73700 CT LEG OR LOWER EXTREMITY

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Podiatry Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Preventive Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Psychiatry	Approval	70450 CT BRAIN, HEAD
Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Pulmonary Medicine	Approval	70450 CT BRAIN, HEAD
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pulmonary Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Pulmonary Medicine Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Pulmonary Medicine Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Pulmonary Medicine Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Pulmonary Medicine Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Pulmonary Medicine Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Pulmonary Medicine Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pulmonary Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX
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Pulmonary Medicine	Approval	71250 CT CHEST, THORAX
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Pulmonary Medicine	Approval	71250 CT CHEST, THORAX
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Pulmonary Medicine

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71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

Pulmonary Medicine

Approval

71250 CT CHEST, THORAX

Pulmonary Medicine

Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Pulmonary Medicine

Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Pulmonary Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pulmonary Medicine

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Pulmonary Medicine

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pulmonary Medicine

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Pulmonary Medicine	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Pulmonary Medicine

Disapproval

70544 Mr angiography head w/o dye

Pulmonary Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pulmonary Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pulmonary Medicine

Disapproval

71250 CT CHEST, THORAX

Pulmonary Medicine

Disapproval

71250 CT CHEST, THORAX

Pulmonary Medicine

Disapproval

71250 CT CHEST, THORAX

Pulmonary Medicine

Disapproval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Pulmonary Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pulmonary Medicine

Disapproval

78813 PET IMAGING WHOLE BODY

Pulmonary Medicine	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Radiation Oncology	Approval	70450 CT BRAIN, HEAD
Radiation Oncology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Radiation Oncology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
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Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
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Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
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Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiation Oncology	Approval	71250 CT CHEST, THORAX
Radiation Oncology	Approval	71250 CT CHEST, THORAX
Radiation Oncology	Approval	71250 CT CHEST, THORAX
Radiation Oncology	Approval	71250 CT CHEST, THORAX
Radiation Oncology	Approval	71250 CT CHEST, THORAX
Radiation Oncology	Approval	71250 CT CHEST, THORAX
Radiation Oncology	Approval	71250 CT CHEST, THORAX
Radiation Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Radiation Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Radiation Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Radiation Oncology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Radiation Oncology	Approval	72196 MRI PELVIS
Radiation Oncology	Approval	72196 MRI PELVIS
Radiation Oncology	Approval	72196 MRI PELVIS
Radiation Oncology	Approval	72196 MRI PELVIS
Radiation Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Radiation Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Radiation Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Radiation Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Radiation Oncology

Approval

78813 PET IMAGING WHOLE BODY

Radiation Oncology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiation Oncology

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78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Radiation Oncology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiation Oncology	Disapproval	71250 CT CHEST, THORAX
Radiation Oncology	Disapproval	71250 CT CHEST, THORAX
Radiation Oncology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Radiation Oncology	Disapproval	72196 MRI PELVIS
Radiation Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Radiation Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST

Radiation Oncology	Disapproval	74181 MRI ABDOMEN
Radiation Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Radiation Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Radiation Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Radiation Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Radiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Radiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Radiology	Approval	70544 Mr angiography head w/o dye
Radiology	Approval	70544 Mr angiography head w/o dye
Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiology	Approval	71250 CT CHEST, THORAX
Radiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Radiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Radiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology	Approval	72192 CT PELVIS WITHOUT CONTRAST
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Radiology	Approval	72192 CT PELVIS WITHOUT CONTRAST
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Radiology	Approval	72196 MRI PELVIS
Radiology	Approval	72196 MRI PELVIS
Radiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Radiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Radiology	Approval	76390 Mr spectroscopy
Radiology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Rehabilitations	Approval	72131 CT LUMBAR SPINE, LOW BACK
Rehabilitations	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rehabilitations	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Rehabilitations

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Rehabilitations

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Rehabilitations

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations Approval 72196 MRI PELVIS

Rehabilitations Approval 72196 MRI PELVIS

Rehabilitations Approval 73221 MRI JOINT OF UPPER EXTREMITY

Rehabilitations Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Rehabilitations Disapproval 71550 MRI CHEST

Rehabilitations Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Rehabilitations Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Rehabilitations Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Rehabilitations Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Rehabilitations Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Rehabilitations Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Rehabilitations Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rheumatology Approval 70450 CT BRAIN, HEAD

Rheumatology Approval 70450 CT BRAIN, HEAD
Rheumatology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Rheumatology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Rheumatology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Rheumatology	Approval	71250 CT CHEST, THORAX
Rheumatology	Approval	71250 CT CHEST, THORAX
Rheumatology	Approval	71250 CT CHEST, THORAX
Rheumatology	Approval	71250 CT CHEST, THORAX
Rheumatology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Rheumatology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology Rheumatology	Approval Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Rheumatology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Rheumatology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Rheumatology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Rheumatology Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rheumatology	Approval	72192 CT PELVIS WITHOUT CONTRAST
Rheumatology	Approval	72196 MRI PELVIS
Rheumatology	Approval	72196 MRI PELVIS
Rheumatology	Approval	72196 MRI PELVIS
Rheumatology	Approval	73200 CT ARM OR UPPER EXTREMITY
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology

Approval

73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology

Approval

73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology

Approval

73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

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73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Rheumatology	Approval	74181 MRI ABDOMEN
Rheumatology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Rheumatology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Rheumatology	Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS

Rheumatology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Rheumatology Disapproval 71250 CT CHEST, THORAX

Rheumatology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Rheumatology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Rheumatology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rheumatology	Disapproval	72196 MRI PELVIS
Rheumatology	Disapproval	72196 MRI PELVIS
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Disapproval 73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST

Rheumatology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Rheumatology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Rheumatology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Rheumatology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Rheumatology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Sports Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Sports Medicine	Approval	71550 MRI CHEST

Sports Medicine

Approval

72131 CT LUMBAR SPINE, LOW BACK

Sports Medicine

Approval

72131 CT LUMBAR SPINE, LOW BACK

Sports Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Sports Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Sports Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Sports Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Sports Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Sports Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK

Sports Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Surgery	Approval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT
Surgery	Approval	70450 CT BRAIN, HEAD
Surgery	Approval	70450 CT BRAIN, HEAD
Surgery	Approval	70450 CT BRAIN, HEAD
Surgery	Approval	70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST
Surgery	Approval	70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST
Surgery	Approval	70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST
Surgery	Approval	70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST
Surgery	Approval	70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST
Surgery	Approval	70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Surgery	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Surgery	Approval	71250 CT CHEST, THORAX

Surgery Approval 71250 CT CHEST, THORAX

Surgery Approval 71250 CT CHEST, THORAX

Surgery Approval 71250 CT CHEST, THORAX

Surgery Approval 71250 CT CHEST, THORAX

Surgery Approval 71250 CT CHEST, THORAX

Surgery Approval 71250 CT CHEST, THORAX

Surgery Approval 71250 CT CHEST, THORAX

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Surgery Approval 71250 CT CHEST, THORAX

Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Surgery	Approval	71550 MRI CHEST
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Surgery	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST
Surgery	Approval	72196 MRI PELVIS
Surgery	Approval	72196 MRI PELVIS
Surgery	Approval	72196 MRI PELVIS
Surgery	Approval	72196 MRI PELVIS
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73700 CT LEG OR LOWER EXTREMITY

Surgery Approval 73700 CT LEG OR LOWER EXTREMITY

Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Surgery	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST

Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
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Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
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Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
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Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

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Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST
Surgery Approval 74181 MRI ABDOMEN

Surgery Approval 74181 MRI ABDOMEN

Surgery Approval 74181 MRI ABDOMEN

Surgery Approval 74181 MRI ABDOMEN

Surgery Approval 74181 MRI ABDOMEN
Surgery Approval 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
Surgery Approval 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Surgery Approval 76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Surgery	Approval	78813 PET IMAGING WHOLE BODY
Surgery	Approval	78813 PET IMAGING WHOLE BODY
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgery	Approval	S8037 mrcp
Surgery	Approval	S8037 mrcp

Surgery	Approval	S8037 mrcp
Surgery	Approval	S8037 mrcp
Surgery	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Surgery	Disapproval	71250 CT CHEST, THORAX
Surgery	Disapproval	71250 CT CHEST, THORAX
Surgery	Disapproval	71250 CT CHEST, THORAX

Surgery	Disapproval	71250 CT CHEST, THORAX
Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Disapproval 72196 MRI PELVIS

Surgery Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Disapproval 73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST

Surgery Disapproval 73706 CT ANGIOGRAPHY LOWER EXTREMITY

Surgery Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Surgery Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Surgery Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74181 MRI ABDOMEN

Surgery Disapproval 77058 MRI breast,without and/or with contrast material(s);unilateral
Surgical Oncology Approval 71250 CT CHEST, THORAX

Surgical Oncology Approval 71250 CT CHEST, THORAX

Surgical Oncology Approval 71250 CT CHEST, THORAX

Surgical Oncology Approval 71250 CT CHEST, THORAX

Surgical Oncology Approval 71250 CT CHEST, THORAX

Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Surgical Oncology	Approval	72196 MRI PELVIS
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Surgical Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Surgical Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Surgical Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Surgical Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Surgical Oncology

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Surgical Oncology

Approval

78813 PET IMAGING WHOLE BODY

Surgical Oncology

Approval

78813 PET IMAGING WHOLE BODY

Surgical Oncology
Thoracic Surgery
Thoracic Surgery

Disapproval
Approval
Approval

77058 MRI breast,without and/or with contrast material(s);unilateral
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
71250 CT CHEST, THORAX

Thoracic Surgery

Approval

71250 CT CHEST, THORAX

Thoracic Surgery

Approval

71250 CT CHEST, THORAX

Thoracic Surgery

Approval

71250 CT CHEST, THORAX

Thoracic Surgery
Thoracic Surgery

Approval
Approval

71250 CT CHEST, THORAX
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Thoracic Surgery
Thoracic Surgery

Approval
Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Thoracic Surgery
Thoracic Surgery

Approval
Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Thoracic Surgery
Thoracic Surgery

Approval
Approval

74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Thoracic Surgery

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Thoracic Surgery
Unknown

Disapproval
Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
70450 CT BRAIN, HEAD

Unknown

Approval

70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown	Approval	70450 CT BRAIN, HEAD
Unknown	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Unknown	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Unknown Approval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Unknown Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Unknown Approval 70544 Mr angiography head w/o dye

Unknown Approval 70544 Mr angiography head w/o dye

Unknown Approval 70544 Mr angiography head w/o dye

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71250 CT CHEST, THORAX

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Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Unknown Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Unknown Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST
Unknown	Approval	72196 MRI PELVIS
Unknown	Approval	72196 MRI PELVIS
Unknown	Approval	72196 MRI PELVIS

Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Unknown

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Unknown

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Unknown

Approval

74176 CT ABD & PELVIS W/O CONTRAST

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Unknown Approval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Approval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Approval 74181 MRI ABDOMEN

Unknown	Approval	74181 MRI ABDOMEN
Unknown	Approval	75574 CT Angiography Heart coronary arteries, CCTA
Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Unknown	Approval	77084 Magnetic resonance imaging, bone marrow blood supply

Unknown Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Unknown Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Unknown Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Unknown Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS
Unknown	Disapproval	70450 CT BRAIN, HEAD
Unknown	Disapproval	70450 CT BRAIN, HEAD

Unknown Disapproval 70450 CT BRAIN, HEAD

Unknown Disapproval 70450 CT BRAIN, HEAD

Unknown Disapproval 70450 CT BRAIN, HEAD

Unknown Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Unknown Disapproval 70544 Mr angiography head w/o dye

Unknown Disapproval 70544 Mr angiography head w/o dye

Unknown Disapproval 70547 Mr angiography neck w/o dye

Unknown Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Disapproval 71250 CT CHEST, THORAX

Unknown Disapproval 71250 CT CHEST, THORAX

Unknown Disapproval 71250 CT CHEST, THORAX

Unknown	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Unknown	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Unknown	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Unknown Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Unknown	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Unknown Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Unknown	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Unknown	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Unknown	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Unknown Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Disapproval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Unknown Disapproval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Unknown Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Unknown Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Unknown Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Unknown Disapproval 78813 PET IMAGING WHOLE BODY

Unknown	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Urology	Approval	70450 CT BRAIN, HEAD
Urology	Approval	70450 CT BRAIN, HEAD
Urology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Urology	Approval	71250 CT CHEST, THORAX
Urology	Approval	71250 CT CHEST, THORAX
Urology	Approval	71250 CT CHEST, THORAX
Urology	Approval	71250 CT CHEST, THORAX
Urology	Approval	71250 CT CHEST, THORAX

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Urology Approval 71250 CT CHEST, THORAX

Urology Approval 71250 CT CHEST, THORAX

Urology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Urology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Urology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Urology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Urology Approval 72192 CT PELVIS WITHOUT CONTRAST

Urology Approval 72192 CT PELVIS WITHOUT CONTRAST

Urology Approval 72192 CT PELVIS WITHOUT CONTRAST

Urology Approval 72192 CT PELVIS WITHOUT CONTRAST

Urology Approval 72196 MRI PELVIS

Urology Approval 72196 MRI PELVIS

Urology Approval 72196 MRI PELVIS

Urology Approval 72196 MRI PELVIS

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Urology Approval 72196 MRI PELVIS

Urology
Urology

Approval
Approval

74150 CT ABDOMEN WITHOUT CONTRAST
74176 CT ABD & PELVIS W/O CONTRAST

Urology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Urology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Urology

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74176 CT ABD & PELVIS W/O CONTRAST

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Urology Approval 74176 CT ABD & PELVIS W/O CONTRAST
Urology Approval 74181 MRI ABDOMEN

Urology Approval 74181 MRI ABDOMEN

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Urology Approval 74181 MRI ABDOMEN

Urology Approval 74181 MRI ABDOMEN

Urology Approval 74181 MRI ABDOMEN

Urology	Approval	74181 MRI ABDOMEN
Urology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Urology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Urology	Disapproval	71250 CT CHEST, THORAX
Urology	Disapproval	71250 CT CHEST, THORAX

Urology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Urology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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Urology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Urology Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Urology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	71250 CT CHEST, THORAX
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Vascular Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Vascular Surgery
Vascular Surgery

Approval
Approval

75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Vascular Surgery
Vascular Surgery

Approval
Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

reason_for_denial

indication_offered

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

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."; The study is requested for headache.

"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"

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)

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.

"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

had a recent episode; This study is being ordered for a neurological disorder.; 05/2015; There has been treatment or conservative therapy.; left hand numbness; tongue and mouth numbness; dysarthria; limb numbness lasting 30mins cp and sob; diabetes; uncontrolled hypertension;; seen and treated by a cardiologist and neurologist

none; 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.

Patient has had multiple recent falls, with most recent resulting in black eye. Patient is having severe dizziness & vertigo.; 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.

This 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.

This request is for 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.

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)

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.

Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

UNKNOWN; This study is being ordered for a neurological disorder.; UNKNOWN; There has not been any treatment or conservative therapy.; SEVERE TREMORS, RIGHT ARM WEAKNESS, UPPER ARM FASCICULATIONS

"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.

Chest discomfort, and a widened mediastinal; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

Patient has multiple masses in abdomen and pelvis and ascites. She also has dyspnea on exertion and a history of tobacco use.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

< 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.; low back pain neck pain; PT medications

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?

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.

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.

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>

UNKNOWN; This study is being ordered for a neurological disorder.; UNKNOWN; There has not been any treatment or conservative therapy.; SEVERE TREMORS, RIGHT ARM WEAKNESS, UPPER ARM FASCICULATIONS

weakness, numbness and tingling; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.

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.

< 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.; low back pain neck pain; PT medications

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

numbness in tingling and legs and feet, and has herniated disc; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.

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.

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

The x-ray and exam findings were discussed at length with the patient and his wife. Although he does have chronic back pain, his pain has been worse over the past one year. He has tried physical therapy which failed to improve his pain. He is allergic to ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; FOCUSED EXAM: Lumbar spine Exam; Observation; Normal gait and station; Palpation; Spinal process; Tenderness about the upper lumbar area with 2 palpable soft masses along the lumbar spinous processes; Paraspinous muscles; Mild diffuse t; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

A 2-cm area of decreased attenuation in the region of the pancreatic body with atrophic pancreatic tail and enlargement of the distal pancreatic duct. A pancreatic mass cannot be excluded. The findings were not present on the prior study of 2/7/2015. M; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 Pelvis MRI.; The request is for pelvic trauma or injury.

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 an orthopedist.

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. >

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?

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.

Yes, this is a request for CT Angiography of the lower extremity.

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.

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

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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

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

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; 8mm to 9mm possible loose body noted on recent x-rays of left knee; Suspicious Mass or Suspected Tumor/ Metastasis

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

Chronic hepatitis C.  Elavtated alphafetoprotien levels.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

N/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.

pt has 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

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.

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.

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

PATIENT DOES HAVE GUARDING, ABDOMINAL LEFT LOWER TENDERNESS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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.

Patient has multiple masses in abdomen and pelvis and ascites. She also has dyspnea on exertion and a history of tobacco use.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

RLQ pain with nausea and vomiting; normal US; This is a request for an abdomen-pelvis 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.

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.

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.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; 0.7cm low density of pancreas

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.

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

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.

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.

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;

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; Lower abdominal pain for 2 months. Intermittent. Worse when bending over and jarring movements. Hurts when she goes over bumps in her car and jumps. Associated with bloating, nausea, diarrhea. + hx of colitis. Had ovaries removed earlier this year due to

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 elevated liver enzymes. Tenderness in LUQ. Left lower rib cage is more prominent.

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; rule out a appendicitis, cant eat, fever, severe tenderness dehydrated

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

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone

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

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; rectal mass on physical exam mass on left flant area

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 abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

A 2-cm area of decreased attenuation in the region of the pancreatic body with atrophic pancreatic tail and enlargement of the distal pancreatic duct. A pancreatic mass cannot be excluded. The findings were not present on the prior study of 2/7/2015. M; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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. >; 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).

brac positive for high cancer risk,; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There 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).

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.

Unknown; 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.

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.

had a recent episode; This study is being ordered for a neurological disorder.; 05/2015; There has been treatment or conservative therapy.; left hand numbness; tongue and mouth numbness; dysarthria; limb numbness lasting 30mins cp and sob; diabetes; uncontrolled hypertension;; seen and treated by a cardiologist and neurologist

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.

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.

h/x of migraines but are now worsening; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

MIGRAINE 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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

Radiology Services Denied Not Medically Necessary

Patient had a trauma happen April 2014 and needed a CT. This nodular spot was found on the Ct scan incidentally. Patient was told to follow up in 6 months to recheck the nodule.; 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.

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...

Radiology Services Denied Not Medically Necessary

The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.

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.; 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

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.; Cervical Spine/Neck:  RANGE OF MOTION OF NECK: limited lateral bending, normal flexion/extension.  VERTEBRAL SPINE TENDERNESS: c3-c5.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

hx of MVA several years ago; neck pain comes and goes. hx of fracture of C2 bilateral clavical and right ribs. decreased ROM in neck.; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck pain; headaches; back pain. arm numbness; PT and NSAIDS

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for trauma or injury.; 10-14-15; There has been treatment or conservative therapy.; Constant pain, numbness, tingling; PT

Radiology Services Denied Not Medically Necessary

Patient is losing feeling in her arm and head when she turns her head quickly.; This is a request for 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.

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

hx of MVA several years ago; neck pain comes and goes. hx of fracture of C2 bilateral clavical and right ribs. decreased ROM in neck.; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck pain; headaches; back pain. arm numbness; PT and NSAIDS

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for trauma or injury.; 10-14-15; There has been treatment or conservative therapy.; Constant pain, numbness, tingling; PT

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>

Radiology Services Denied Not Medically Necessary

Unknown.; This study is being ordered for trauma or injury.; 10/18/2015; There has been treatment or conservative therapy.; Mid back pain after a bursting feeling and a bruise, mid and lower back pain with muscle spasms.; Muscle relaxers 3x's a day, injection of steroids and Toradol.

Radiology Services Denied Not Medically Necessary

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

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.

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 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.

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

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >; 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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

CC: Back Pain; HPI: Patient presents concerning her low back and right leg. She denies a history of chronic back pain. Onset of low back pain, right buttock pain, and right leg pain to the level of the ankle that began in August of this year. Pain began; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document FOCUSED EXAM: Lumbar spine Exam; Observation; Normal gait and station; Palpation; Spinal process; Tenderness about L4-S1; Paraspinous muscles; Right lower lumbar tenderness with buttock tenderness; Skin; intact; Soft tissue trig; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

NONE; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/3/2015; There has not been any treatment or conservative therapy.; low back pain radiating down left leg, hematuria, abdominal flank pain

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for trauma or injury.; 10-14-15; There has been treatment or conservative therapy.; Constant pain, numbness, tingling; PT patient has low back pain radiating to right foot and numbness 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

Radiology Services Denied Not Medically Necessary

pt not getting better with physical therapy and medicines; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.

Radiology Services Denied Not Medically Necessary

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 Unknown.; This study is being ordered for trauma or injury.; 10/18/2015; There has been treatment or conservative therapy.; Mid back pain after a bursting feeling and a bruise, mid and lower back pain with muscle spasms.; Muscle relaxers 3x's a day, injection of steroids and Toradol.

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

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.

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for trauma or injury.; 10-14-15; There has been treatment or conservative therapy.; Constant pain, numbness, tingling; PT

Radiology Services Denied Not Medically Necessary

Patient fell on 10/14/15 and landed on her left shoulder. She has continued to experience pain. She is currently undergoing Physical Therapy, having her first initial visit on 10/27/15. She is taking pain medication both prescription and over the counter ; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

Bilateral knees edematous, tender to palpation, crepitus present, anterior drawer sign positive; This study is being ordered for a neurological disorder.; Sept 10th ,2015; There has been treatment or conservative therapy.; Pain to bilateral knees that is worse with weight bearing.; NSAIS's, rest and exercise

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

KNEE PAIN THAT HAS STARTED IN THE LAST WEEK. NO KNOWN INJURY. PAIN RADIATES FROM BACK OF KNEE UP TO NECK.; 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.

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 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.

Radiology Services Denied Not Medically Necessary

PATIENT'S KNEE IS MUCH MORE LOOSELY ON EXAMINATION. HE HAS BEEN ON NSAIDS AND WEARING A BRACE FOR 3 MONTHS WITH NO IMPROVEMENT. KNEE IS MUCH MORE SWOLLEN NOW THAT 2 WEEKS AGO.; 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.

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.

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.; 2/3/2015; There has not been any treatment or conservative therapy.; low back pain radiating down left leg, hematuria, abdominal flank pain

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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.; <Enter Additional Clinical Information>

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>

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.

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."; The study is requested for headache.

This study is being ordered for osteomyelitis.; This is a request for a Sinus CT.

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

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)

"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.

Pt was tested for Asthma, Not sure of COPD, Pt has sleep apnea w SOB, Dyspnea on exertion. R/o cardiac impairment.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

Current treatments have not been effective. Patient is having loss of vision as headaches get worse; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

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.

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.

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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

< 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.; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1995; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Home PT; Chronic narcotic management

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >;

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in upper extremities. Patient completed 6 weeks of PT with no improvement.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

; This study is being ordered for a neurological disorder.; 1990; There has been treatment or conservative therapy.; NECK AND BACK PAIN; BACK-SURGERYX2, PHYSICAL THERAPY, MEDICATIONS. NECK-PHYSICAL THERAPY AND MEDICATIONS.

; This study is being ordered for a neurological disorder.; 2010 OR 2011; It is not known if there has been any treatment or conservative therapy.; PAIN IN NECK AND BACK THAT RADIATES INTO LEGS AND HAS NUMBNESS AND TINGLING.

; This study is being ordered for a neurological disorder.; 2013; It is not known if there has been any treatment or conservative therapy.; PAIN IN NECK AND BACK WITH TINGLING, PAIN AND A BURNING SENSATION IN HANDS AND FINGERS.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2014; There has been treatment or conservative therapy.; Back Pain radiating to bilateral buttock and BLE. Leg Pain. Severe Neck Pain. Stabbing, aching, shooting.; NSAIDs, Physical Therapy, Muscle Relaxants, Heat/Ice

Anterior flexion and Hyperextension at cervical spine causes neck pain radiates to upper extremities. Midline palpation and percussion of mid thoracic spine reproduced mid back pain Hyperextension at thoracic spine reproduced back pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2003; There has been treatment or conservative therapy.; radiating pain to bilateral upper extremities; Physical Therapy: 5-13-15; Tens Unit: 5-21-15; Pain Treatment Initiated: 4-9-15

MRI of lumbar and cervical spine are being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment; This study is being ordered for trauma or injury.; Longer than 6 years; There has been treatment or conservative therapy.; Constant with intermittent flare ups. The pain is aching, cramping, sharp, shooting, stabbing and tender. The pain is made worse by increased activity and bending Worsening factor(s) include : standing, walking, getting up from sitting or lying position,; Professional caregivers seen in the past include family physician, physical therapist and orthopedist. The following tests have been done in the past: MRI scan or CT scan and X-rays . She has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams in the

MRI of lumbar and cervical spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment; This study is being ordered for trauma or injury.; Greater than one year.; There has been treatment or conservative therapy.; pain as constant with intermittent flare ups. The pain is aching, throbbing, tender, pins and needles. The pain radiates to back of neck, shoulders and up into hairline.; ibuprofen, aleve, tylenol, sports creams. Currently takes gabapentin, and has a intrathecal pain pump.

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.; 02/02/2014; There has been treatment or conservative therapy.; Pt is experiencing increased pain BILAT hands and feet as well as the lower back, radiating back of neck up to her hairline and BILAT upper and lower extremities. Pain 7 out of 10.; PT and RX and injections.

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.; since 2013; There has been treatment or conservative therapy.; pt has chronic neck and low back pain. numbness and tingling in the r arm and leg; anti inflammatory, pain meds. injections , physical therapy ,

Pain in lower back, neck and shoulders also patient is experiencing pain in front and back of her head. Patients pain is described as aching tingling, numbness, stabbing and throbbing sensations. The pain radiates from neck and shoulder to low back into r; This study is 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.; Pain and numbness in neck and shoulder radiating down to lower back into right lower extremity.; Physical Therapy 2-2014; Physical Therapy Currently (11-12-15); Trigger Point Injections; Pain medications

Possible spinal injection and neurosurgical 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.; 4/27/15; There has been treatment or conservative therapy.; complaints of constant episodes of moderate bilateral lower, bilateral mid and bilateral upper back pain. Made worse by standing, lifting and bending.; Severe right posterior neck pain, described as sharp and aching, radiating trapezius and right should; physical therapy and home exercise

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.

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.

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.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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?

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.

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; 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.

This is a request for cervical 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.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; 4-21-15; There has been treatment or conservative therapy.; MID TO LOW BACK PAIN; CHIROPRACTOR, NERVE CONDUCTION STUDIES, EXERCISE, INJECTIONS, ANTI-INFLAMMATORY MEDICATIONS

Anterior flexion and#x0D; Hyperextension at cervical spine causes neck pain radiates to upper extremities. Midline palpation and percussion#x0D; of mid thoracic spine reproduced mid back pain Hyperextension at thoracic spine reproduced back pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2003; There has been treatment or conservative therapy.; radiating pain to bilateral upper extremities; Physical Therapy: 5-13-15#x0D; Tens Unit: 5-21-15#x0D; Pain Treatment Initiated: 4-9-15

MRI thoracolumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan for; This study is being ordered for trauma or injury.; 5 years; There has been treatment or conservative therapy.; The patient describes her pain as constant with intermittent flare ups. The pain is aching, hot-burning, sharp, stabbing, throbbing and tingling. The pain radiates to lower back and into back sides of both thighs and bilateral lower extremity. Patient say; Physical therapy, SNAIDs, neurontin, hydrocodone, heat, rest.

Patient has been referred to us by Dr. Garcia. As viewed his office notes. Patient has some type of pain in his right flank just below the ribs. He'll try to his undergone trigger point injections x2 with no improvement. Son has history of kidney ston; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/18/15; There has been treatment or conservative therapy.; Flank pain, history of kidney stones; Chronic low back pain with radiculitis; Home Exercises&#xOD; Medications: NSAIDS, Morphine Sulfate

Possible spinal injection and neurosurgical 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.; 4/27/15; There has been treatment or conservative therapy.; complaints of constant episodes of moderate bilateral lower, bilateral mid and bilateral upper back pain. Made worse by standing, lifting and bending.&#xOD; &#xOD; Severe right posterior neck pain, described as sharp and aching, radiating trapezius and right should; physical therapy and home exercise

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.

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?

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1995; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Home PT; Chronic narcotic management

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >; ; This study is being ordered for a neurological disorder.; 1990; There has been treatment or conservative therapy.; NECK AND BACK PAIN; BACK-SURGERY2, PHYSICAL THERAPY, MEDICATIONS. NECK-PHYSICAL THERAPY AND MEDICATIONS.

; This study is being ordered for a neurological disorder.; 2010 OR 2011; It is not known if there has been any treatment or conservative therapy.; PAIN IN NECK AND BACK THAT RADIATES INTO LEGS AND HAS NUMBNESS AND TINGLING.

; This study is being ordered for a neurological disorder.; 2013; It is not known if there has been any treatment or conservative therapy.; PAIN IN NECK AND BACK WITH TINGLING, PAIN AND A BURNING SENSATION IN HANDS AND FINGERS.

; This study is being ordered for Inflammatory/ Infectious Disease.; 1974; It is not known if there has been any treatment or conservative therapy.; PAIN IN BACK AND R KNEE

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2014; There has been treatment or conservative therapy.; Back Pain radiating to bilateral buttock and BLE. Leg Pain. Severe Neck Pain. Stabbing, aching, shooting.; NSAIDs, Physical Therapy, Muscle Relaxants, Heat/Ice

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; 2001; There has been treatment or conservative therapy.; BACK AND KNEE PAIN; LUMBAR RADIOFREQUENCY ABLATION AND KNEE INJECTIONS.

; This study is being ordered for trauma or injury.; 4-21-15; There has been treatment or conservative therapy.; MID TO LOW BACK PAIN; CHIROPRACTOR, NERVE CONDUCTION STUDIES, EXERCISE, INJECTIONS, ANTI-INFLAMATORY MEDICATIONS
History of lumbar spine surgery. Patient feels his symptoms are worsening.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient c/o bilateral lower numbness, tingling and muscle weakness in lower extremities. Exacerbating factors are standing, sitting, lifting, bending and 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.

lowback pain, worsening; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

MRI of lumbar and cervical spine are being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan; This study is being ordered for trauma or injury.; Longer than 6 years; There has been treatment or conservative therapy.; Constant with intermittent flare ups. The pain is aching, cramping, sharp, shooting, stabbing and tender. The pain is made worse by increased activity and bending Worsening factor(s) include : standing, walking, getting up from sitting or lying position,; Professional caregivers seen in the past include family physician, physical therapist and orthopedist. The following tests have been done in the past: MRI scan or CT scan and X-rays . She has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams in the

MRI of lumbar and cervical spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan; This study is being ordered for trauma or injury.; Greater than one year.; There has been treatment or conservative therapy.; pain as constant with intermittent flare ups. The pain is aching, throbbing, tender, pins and needles. The pain radiates to back of neck, shoulders and up into hairline.; ibuprofen, aleve, tylenol, sports creams. Currently takes gabapentin, and has a intrathecal pain pump.

MRI thoracolumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan for; This study is being ordered for trauma or injury.; 5 years; There has been treatment or conservative therapy.; The patient describes her pain as constant with intermittent flare ups. The pain is aching, hot-burning, sharp, stabbing, throbbing and tingling. The pain radiates to lower back and into back sides of both thighs and bilateral lower extremity. Patient says; Physical therapy, NSAIDs, neurontin, hydrocodone, heat, rest.

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.; 02/02/2014; There has been treatment or conservative therapy.; Pt is experiencing increased pain BILAT hands and feet as well as the lower back, radiating back of neck up to her hairline and BILAT upper and lower extremities. Pain 7 out of 10.; PT and RX and injections.

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.; since 2013; There has been treatment or conservative therapy.; pt has chronic neck and low back pain. numbness and tingling in the r arm and leg; anti inflamitories, pain meds. injections , physical therapy ,

Pain in lower back, neck and shoulders also patient is experiencing pain in front and back of her head. Patients pain is described as aching tingling, numbness, stabbing and throbbing sensations. The pain radiates from neck and shoulder to low back into r; This study is 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.; Pain and numbness in neck and shoulder radiating down to lower back into right lower extremity.; Physical Therapy 2-2014; Physical Therapy Currently (11-12-15); Trigger Point Injections; Pain medications

patient has an increase of pain. She did not receive relief from her spinal injection. New MRI is needed for neurosurgery consult; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.

Patient has been experiencing problems for many years, but it has recently exacerbated and she is unable to get with relief with conservative therapy. She has also developed urinary incontinence in the past month.; This study is being ordered for Inflammatory/ Infectious Disease.; 8/2005; There has been treatment or conservative therapy.; Pelvic pain Radicular pain in Right leg Incontinence right buttock pain; Oral steroids NSAIDS Physical Therapy Ice/Heat Massage Meloxicam

Patient has been referred to us by Dr. Garcia. As viewed his office notes. Patient has some type of pain in his right flank just below the ribs. He'll try to his undergone trigger point injections x2 with no improvement. Son has history of kidney ston; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/18/15; There has been treatment or conservative therapy.; Flank pain, history of kidney stones; Chronic low back pain with radiculitis; Home Exercises Medications: NSAIDS, Morphine Sulfate

patient have nerve damage due to surgery physician want MRI to determine if patient can have radio frequency patient cant have injections and refuses pain meds; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Sensation lost over feet radiculopathy; 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.

Patient presents with unsteady gait, slight limp. Limited ROM. Positive straight leg test. Patient unable to bend at waist. Slight loss of strength on right. Distal pulses palpable.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Low back pain that radiates down right leg to foot. Patient describes as constant burning, tingling, aching type of pain. Reports a "cold foot". Reports frequently feeling like she is tripping over her own feet. Reports occasional urinary incontinence. Ag; heat, ice, exercises, stretching, NSAID for past 3 years

Possible spinal injection and neurosurgical 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.; 4/27/15; There has been treatment or conservative therapy.; complaints of constant episodes of moderate bilateral lower, bilateral mid and bilateral upper back pain. Made worse by standing, lifting and bending.; Severe right posterior neck pain, described as sharp and aching, radiating trapezius and right should; physical therapy and home exercise

The patient reports muscle cramp, neck pain and loss of muscle bulk. Palpation of lumbar facet joints at L2-3, L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Hyperextension at lumbar spine reproduced 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 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.

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.

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.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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.

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

Patient has been experiencing problems for many years, but it has recently exacerbated and she is unable to get with relief with conservative therapy. She has also developed urinary incontinence in the past month.; This study is being ordered for Inflammatory/ Infectious Disease.; 8/2005; There has been treatment or conservative therapy.; Pelvic pain Radicular pain in Right leg Incontinence right buttock pain; Oral steroids NSAIDS Physical Therapy Ice/Heat Massage Meloxicam

; 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.

Eval for further injection or possible surgery. X-rays of bilat shoulders show OA in both. Right shows moderate loss of joint space. Left shows moderate-severe loss of joint space.; This study is being ordered for trauma or injury.; 07/01/2015; There has been treatment or conservative therapy.; Continuous aching pains in both shoulders; physical therapy, injection, narcotic medications and OTC meds. NSAIDs.

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.

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?

INVESTIGATE ONGOING PAIN TO RULE OUT HERINATED DISC; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2015; There has been treatment or conservative therapy.; DULL ACHE IN LEFT ANKLE WHEN STANDING WALKING ..SHARP SHOOTING PAIN DOWN BACK RADIATING DOWN LEG; INCEDS, PAIN MEDICATION PHYSICAL THERAPY

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;

; This study is being ordered for trauma or injury.; 2001; There has been treatment or conservative therapy.; BACK AND KNEE PAIN; LUMBAR RADIOFREQUENCY ABLATION AND KNEE INJECTIONS.

CHRONIC KNEE PAIN WITH SWELLING AND 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.; Non-acute Chronic Pain; Pain greater than 3 days

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.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

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.

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.

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.

< 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.

Radiology Services Denied Not Medically Necessary

Patient's pain is not controlled with conservative therapy. MRI's are being ordered to further evaluate pain and symptoms and find a treatment plan that will relieve patient's pain.; This study is being ordered for trauma or injury.; More than three years; There has been treatment or conservative therapy.; Back, neck, and shoulder pain that is radicular into his bilateral lower extremities and radiates to left side of head. Aching, throbbing, tender, pins and needles. Difficulty sleeping and frustration due to pain.; Chiropractor, massage therapy, physical therapy, ice/heat, activity modification, OTCs, NSAIDs, opioid therapy.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT

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.

Radiology Services Denied Not Medically Necessary

Will be ordering pump check Myelogram for patient, will need CT scans post procedure to verify dye placement/ cath placement and cath/ pump function; This study is being ordered for trauma or injury.; 02/02/2015; There has been treatment or conservative therapy.; low back pain with radiation into the left lower extremity. Pain surrounding pump site.; Patient has tried multiple different therapies for pain relief including surgery, ESI, various procedures/ injections, PT, heat, and narcotic analgesics that have been unsuccessful in the past

Radiology Services Denied Not Medically Necessary

INVESTIGATE ONGOING PAIN TO RULE OUT HERINATED DISC; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2015; There has been treatment or conservative therapy.; DULL ACHE IN LEFT ANKLE WHEN STANDING WALKING ..SHARP SHOOTING PAIN DOWN BACK RADIATING DOWN LEG; INCEDS, PAIN MEDICATION PHYSICAL THERAPY

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.

Radiology Services Denied Not Medically Necessary

Will be ordering pump check Myelogram for patient, will need CT scans post procedure to verify dye placement/ cath placement and cath/ pump function; This study is being ordered for trauma or injury.; 02/02/2015; There has been treatment or conservative therapy.; low back pain with radiation into the left lower extremity. Pain surrounding pump site.; Patient has tried multiple different therapies for pain relief including surgery, ESI, various procedures/ injections, PT, heat, and narcotic analgesics that have been unsuccessful in the past

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/12/2012; There has been treatment or conservative therapy.; Patient fell; medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2015; There has been treatment or conservative therapy.; CHRONIC NECK PAIN; MEDICATION, HOME EXCERCISE PROGRAM

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 30 years ago.; There has been treatment or conservative therapy.; neck and back pain and numbness.; Meidication
; This study is being ordered for a neurological disorder.; 2005; It is not known if there has been any treatment or conservative therapy.; NECK PAIN RADIATING INTO THE ARMS AND BACK PAIN RADIATING INTO THE LEGS.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK RADIATING INTO ARMS AND LEGS WITH NUMBNESS AND TINGLING.; PHYSICAL THERAPY AND MEDICATIONS
; This study is being ordered for a neurological disorder.; 2014; It is not known if there has been any treatment or conservative therapy.; PAIN IN NECK AND BACK WITH NUMBNESS AND TINGLING IN FINGERS AND LEGS

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; NECK AND BACK PAIN; IMAGING, PHYSICAL THERAPY AND MEDICATIONS.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2015; There has been treatment or conservative therapy.; Neck and left shoulder with back pain.; Currently on medication and hydrocodone 1 tablet every six hours.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; NECK, BACK AND R KNEE PAIN

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; It is not known if there has been any treatment or conservative therapy.; CHRONIC NECK AND BACK PAIN

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SINCE AGE 13; There has been treatment or conservative therapy.; NECK AND BACK PAIN; PHYSICAL THERAPY, TENS UNIT, INJECTIONS, MEDICATION.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; NECK AND BACK PAIN; PHYSICAL THERAPY, TENS UNIT AND VARIOUS MEDICATIONS

Radiology Services Denied Not Medically Necessary

MRI of lumbar, cervical and thoracic spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a; This study is being ordered for trauma or injury.; Greater than one year; There has been treatment or conservative therapy.; The patient describes his pain as constant with intermittent flare ups. The pain is burning, deep, numbness, pins and needle like and sharp. The pain radiates to bilateral lower extremity. She has stated that the pain has progressively gotten worse, not b; He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams in the past. MS Contin, oxycodone are current medications

Radiology Services Denied Not Medically Necessary

muscle pain, muscle twitches, muscle weakness, muscle pain and tenderness, neck pain, shoulder pain, back pain, joint pain, joint stiffness and morning stiffness. She complains of rheumatoid arthritis.; This study is being ordered for Inflammatory/ Infectious Disease.; 01/01/2005; It is not known if there has been any treatment or conservative therapy.; chronic pain due to lumbar spondylosis without myelo, cervical spondylois and fibromyalgia.

Radiology Services Denied Not Medically Necessary

Neck pain that radiates to both arms, has severe headaches, numbness tingling and dizziness, hands "fall asleep" at night. Sharp pain in bilateral upper extremities.; This is a request for cervical 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 left arm.; 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.

Radiology Services Denied Not Medically Necessary

No clinicals available; 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.

Radiology Services Denied Not Medically Necessary

Patient new to pain management clinic, no imaging to review. Unable to provide treatment without. Patient a candidate for injection; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck pain, low back pain, pain in lower extremities; Physical Therapy and medication

Radiology Services Denied Not Medically Necessary

Patient's pain is not controlled with conservative therapy. MRI's are being ordered to further evaluate pain and symptoms and find a treatment plan that will relieve patient's pain.; This study is being ordered for trauma or injury.; More than three years; There has been treatment or conservative therapy.; Back, neck, and shoulder pain that is radicular into his bilateral lower extremities and radiates to left side of head. Aching, throbbing, tender, pins and needles. Difficulty sleeping and frustration due to pain.; Chiropractor, massage therapy, physical therapy, ice/heat, activity modification, OTCs, NSAIDs, opioid therapy.

Radiology Services Denied Not Medically Necessary

R/O suspected herniated disc.; This study is being ordered for a neurological disorder.; 11/23/2015; There has been treatment or conservative therapy.; Chronic neck, back pain, radiculopathy to neck and going down to the L are, numbness, weakness and tingling. Mid back thoracic pain, going down L leg to pelvis, weakness 3 out of 5 radiating to chest. Pt. has been experiencing pain for many years (8) and ; PT and HEP. right arm radiculopathy and mid back pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/22/15; It is not known if there has been any treatment or conservative therapy.; right arm pain and mid back pain

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

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.; none

Radiology Services Denied Not Medically Necessary

Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; 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.

Radiology Services Denied Not Medically Necessary

Unknown; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/30/2015; There has been treatment or conservative therapy.; neck and back pain radiating into extremities decrease sensation in upper extremities lumbar and cervical; anti inflammatory

Radiology Services Denied Not Medically Necessary

Unkown; This study is being ordered for trauma or injury.; Patient has increased pain status post impact on 12/2/2015; There has been treatment or conservative therapy.; ; TENS with benefit; physical therapy with benefit; ice/heat therapy with benefit; home exercises with benefit; interventional spine injections with moderate benefit; ibuprofen; Cymbalta; Celebrex; Vicodin; oxycodone; prednisone; Robaxin; Tylenol #3; Flexer

Radiology Services Denied Not Medically Necessary

WILL FAX; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DECREASED RANGE OF MOTION; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; MID AND LOW BACK PAIN.

Radiology Services Denied Not Medically Necessary

for surgical planning; This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.

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.

Radiology Services Denied Not Medically Necessary

MRI of lumbar, cervical and thoracic spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a; This study is being ordered for trauma or injury.; Greater than one year; There has been treatment or conservative therapy.; The patient describes his pain as constant with intermittent flare ups. The pain is burning, deep, numbness, pins and needle like and sharp. The pain radiates to bilateral lower extremity. She has stated that the pain has progressively gotten worse, not b; He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams in the past. MS Contin, oxycodone are current medications

Radiology Services Denied Not Medically Necessary

none; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

R/O suspected herniated disc.; This study is being ordered for a neurological disorder.; 11/23/2015; There has been treatment or conservative therapy.; Chronic neck, back pain, radiculopathy to neck and going down to the L are, numbness, weakness and tingling. Mid back thoracic pain, going down L leg to pelvis, weakness 3 out of 5 radiating to chest. Pt. has been experiencing pain for many years (8) and ; PT and HEP.

right arm radiculopathy and mid back pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/22/15; It is not known if there has been any treatment or conservative therapy.; right arm pain and mid back pain

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.

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

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/12/2012; There has been treatment or conservative therapy.; Patient fell; medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2015; There has been treatment or conservative therapy.; CHRONIC NECK PAIN; MEDICATION, HOME EXCERCISE PROGRAM

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 30 years ago.; There has been treatment or conservative therapy.; neck and back pain and numbness.; Meidication

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the LE. Patient completed 6 weeks of PT 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.

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2005; It is not known if there has been any treatment or conservative therapy.; NECK PAIN RADIATING INTO THE ARMS AND BACK PAIN RADIATING INTO THE LEGS.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK RADIATING INTO ARMS AND LEGS WITH NUMBNESS AND TINGLING.; PHYSICAL THERAPY AND MEDICATIONS

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; PAIN IN HIPS AND BACK THAT RADIATES INTO THE LEGS AND FEET; MULTIPLE INJECTIONS/MEDICATIONS.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2014; It is not known if there has been any treatment or conservative therapy.; PAIN IN NECK AND BACK WITH NUMBNESS AND TINGLING IN FINGERS AND LEGS

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; NECK AND BACK PAIN; IMAGING, PHYSICAL THERAPY AND MEDICATIONS.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2015; There has been treatment or conservative therapy.; Neck and left shoulder with back pain.; Currently on medication and hydrocodone 1 tablet every six hours.

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; NECK, BACK AND R KNEE PAIN

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; MID AND LOW BACK PAIN.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; It is not known if there has been any treatment or conservative therapy.; CHRONIC NECK AND BACK PAIN

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SINCE AGE 13; There has been treatment or conservative therapy.; NECK AND BACK PAIN; PHYSICAL THERAPY, TENS UNIT, INJECTIONS, MEDICATION.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; NECK AND BACK PAIN; PHYSICAL THERAPY, TENS UNIT AND VARIOUS MEDICATIONS

Radiology Services Denied Not Medically Necessary

Increased pain is not manageable with pain medication. Pain radiates to bilateral lower extremity.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

MRI of lumbar, cervical and thoracic spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a; This study is being ordered for trauma or injury.; Greater than one year; There has been treatment or conservative therapy.; The patient describes his pain as constant with intermittent flare ups. The pain is burning, deep, numbness, pins and needle like and sharp. The pain radiates to bilateral lower extremity. She has stated that the pain has progressively gotten worse, not b; He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams in the past. MS Contin, oxycodone are current medications

Radiology Services Denied Not Medically Necessary

muscle pain, muscle twitches, muscle weakness, muscle pain and tenderness, neck pain, shoulder pain, back pain, joint pain, joint stiffness and morning stiffness. She complains of rheumatoid arthritis.; This study is being ordered for Inflammatory/ Infectious Disease.; 01/01/2005; It is not known if there has been any treatment or conservative therapy.; chronic pain due to lumbar spondylosis without myelo, cervical spondylois and fibromyalgia.

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.; chronic back pain worse in the morning, has not had a MRI since 2013, SI joint pain on exam,; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

none; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

PATIENT HAS SEEN PAIN MANAGEMENT IN ANOTHER PART OF THE STATE AND HAS RECEIVED A LESI WHICH PROVIDED SOME RELIEF BUT WAS UNABLE TO RETURN DUE TO THE COST.; 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.

Radiology Services Denied Not Medically Necessary

Patient has x-rays showing degenerative disc disease, with physical exam findings pointing to a left L5 radiculitis.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

Patient new to pain management clinic, no imaging to review. Unable to provide treatment without. Patient a candidate for injection; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck pain, low back pain, pain in lower extremities; Physical Therapy and medication

Radiology Services Denied Not Medically Necessary

Patient's pain is not controlled with conservative therapy. MRI's are being ordered to further evaluate pain and symptoms and find a treatment plan that will relieve patient's pain.; This study is being ordered for trauma or injury.; More than three years; There has been treatment or conservative therapy.; Back, neck, and shoulder pain that is radicular into his bilateral lower extremities and radiates to left side of head. Aching, throbbing, tender, pins and needles. Difficulty sleeping and frustration due to pain.; Chiropractor, massage therapy, physical therapy, ice/heat, activity modification, OTCs, NSAIDs, opioid therapy.

Radiology Services Denied Not Medically Necessary

R/O suspected herniated disc.; This study is being ordered for a neurological disorder.; 11/23/2015; There has been treatment or conservative therapy.; Chronic neck, back pain, radiculopathy to neck and going down to the L are, numbness, weakness and tingling. Mid back thoracic pain, going down L leg to pelvis, weakness 3 out of 5 radiating to chest. Pt. has been experiencing pain for many years (8) and ; PT and HEP.

Radiology Services Denied Not Medically Necessary

The patient is experiencing muscle cramps, back pain, joint pain, joint stiffness, joint swelling and muscle pain or tenderness. Palpations of lumbar facet joints at L2-3, L3-4, L4-5, and L5-S1 levels reproduced lower back pain.; Hyperextension at lumba; The study requested 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.

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

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/30/2015; There has been treatment or conservative therapy.; neck and back pain radiating into extremities decrease sensation in upper extremities lumbar and cervical; anti inflamatory

Radiology Services Denied Not Medically Necessary

Unkown; This study is being ordered for trauma or injury.; Patient has increased pain status post impact on 12/2/2015; There has been treatment or conservative therapy.; ; TENS with benefit; physical therapy with benefit; ice/heat therapy with benefit; home exercises with benefit; interventional spine injections with moderate benefit; ibuprofen; Cymbalta; Celebrex; Vicodin; oxycodone; prednisone; Robaxin; Tylenol #3; Flexer

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.

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.

Radiology Services Denied Not Medically Necessary

Increased pain with little or no relief with medications or home exercise .; 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.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/23/2015; There has been treatment or conservative therapy.; pain in both knees member had a scop of the knees in march and has injections of both knee 12-9-2015; PT
; This study is being ordered for Inflammatory/ Infectious Disease.; 1974; It is not known if there has been any treatment or conservative therapy.; PAIN IN BACK AND R KNEE

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; NECK, BACK AND R KNEE PAIN

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; PAIN IN HIPS AND BACK THAT RADIATES INTO THE LEGS AND FEET; MULTIPLE INJECTIONS/MEDICATIONS.

"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.

< Enter answer here - or Type In Unknown If No Info Given. >; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

< 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

Follow up infection that the MDO has been treating , they want to see if it is improving.; 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.

The ordering physician 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 year; There has not been any treatment or conservative therapy.; Surveillance of an aneurysm

53 year old male patient; for pre-atrial fibrillation ablation; 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 requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

R/O artery aneurysm or fistula repair; Is this a request for one of the following? MR Angiogram 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.; 1 year; There has not been any treatment or conservative therapy.; Surveillance of an aneurysm

This is a request for CT Angiography of the Abdomen and Pelvis.

yearly check up for abdominal aneurysm; This study is being ordered for Vascular Disease.; ; 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 >

This is a request for a heart or cardiac MRI

none; This study is being ordered for Congenital Anomaly.; 2010; There has been treatment or conservative therapy.; chest tightness and discomfort, palpitations.; meds

Yes, this is a request for CT Angiography of the abdominal arteries.

none; This study is being ordered for Congenital Anomaly.; 2010; There has been treatment or conservative therapy.; chest tightness and discomfort, palpitations.; meds

; 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.; 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."; The study is requested for headache.

Left sided weakness, chf, Paroxysmal Atrial fibrillation; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

This is a request for a brain/head CT.; The study is requested for history of stroke, (CVA) known or follow-up.

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."; The study is requested for headache.

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."; The study is requested for headache.

01. Sick sinus syndrome; 02. Paroxysmal a fib; 03. Bradycardia; 04. Occlusion of carotid artery; 05. Abnormal result of other cardiovascular function study: Abnormal MPI.; 06. HTN; 07. Other specified cardiac arrhythmia: Tachycardia-Bradycardia syndrome; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/22/2015; There has been treatment or conservative therapy.; syncope/ near syncope episodes, and dizziness.; 4 week heart monitor.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 09/25/2015; There has not been any treatment or conservative therapy.; chest pain, dizziness and carotid Doppler.

01. Sick sinus syndrome; 02. Paroxysmal a fib; 03. Bradycardia; 04. Occlusion of carotid artery; 05. Abnormal result of other cardiovascular function study: Abnormal MPI.; 06. HTN; 07. Other specified cardiac arrhythmia: Tachycardia-Bradycardia syndrome; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/22/2015; There has been treatment or conservative therapy.; syncope/ near syncope episodes, and dizziness.; 4 week heart monitor.
Yes, this is a request for CT Angiography of the Neck.

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.

"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.

"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.

< 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.

; "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.

; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

aneurysm; 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.

Enter answer here - or Type In Unknown If IMPRESSION: Noncalcified subpleural right lower lobe pulmonary nodule. If this patient has elevated risk factors for lung cancer, short term followup chest CT in three months is recommended. If there are no elev; "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.

Patient Educated with: 2 Dr Nolen Valve Replacement Education.pdf (2 Dr Nolen Valve Replacement Education.pdf) I have discussed risk and benefits of minimally invasive approach vs traditional open approach. I have also discussed prosthetic valve vs mech; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiologist request 6 month follow up for noncalcified 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.

Shortness of Breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Two focal areas of ill-defined opacification in left lower lobe and a single area of ill-defined opacification in the right lower lobe.; The appearance would favor inflammatory process or scar from a previous inflammatory process. There are two nodules; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

YEARLY FOLLOWUP OF TAA; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 09/25/2015; There has not been any treatment or conservative therapy.; chest pain, dizziness and carotid Doppler.

< 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.; Thoracic Aortic aneurysm without rupture, SVT post ablation.; There has been treatment or conservative therapy.; ;
; 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.

; 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 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.

; 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.

62 y.o. with h/o Nicotine dependence, GERD, HLD, HTN, Aortic thoracic Aneurysm(Aortic Root Angiogram 4.1cm), Non-obstructive CAD s/p SCA 8/2014 showed mid LAD 30% stenosis, mild diffuse disease to LCx and RCA. She c/o SOB for the past 1-2 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.; 62 y.o. with h/o Nicotine dependence, GERD, HLD, HTN, Aortic thoracic Aneurysm(Aortic Root Angiogram 4.1cm), Non-obstructive CAD s/p SCA 8/2014 showed mid LAD 30% stenosis, mild diffuse disease to LCx and RCA. She c/o SOB for the past 1-2 years.; It is not known if there has been any treatment or conservative therapy.; Shortness of breath and CAD. 62 y.o. with h/o Nicotine dependence, GERD, HLD, HTN, Aortic thoracic Aneurysm(Aortic Root Angiogram 4.1cm), Non-obstructive CAD s/p SCA 8/2014 showed mid LAD 30% stenosis, mild diffuse disease to LCx and RCA. Sh

62-year-old man this past medical history of persistent atrial fibrillation, persistent cough, coronary artery disease, who was referred by his cardiologist Dr. Schwarz for atrial fibrillation management. Patient was diagnosed with atrial fibrillation aro; 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.

Bicuspid valve, coarctation ascending aortic aneurysm.; 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.

Enter answer here - or Type In Unknown If No HISTORY OF PRESENT ILLNESS; A 22-year-old gentleman with accelerated hypertension and atrial fibrillation, here for his annual follow-up. He has remained stable with no palpitations, lightheadedness, or dizziness; 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.

F/u KNown Thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

KNown thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

Mr Wells is a 46 yr old male who presents for follow up visit. Cardiac cath 9/16/15 revealed large dilated left coronary sinus with no significant CAD. Echo 9/11/15 revealed EF 40% with 5/2cm dilation of coronary sinus at aortic sinuses. History of hypertension; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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.

Mr. Stevens is a 47 year old male with a history of hypertension and hyperlipidemia. He is here today for evaluation of palpitations. He reports that his palpitations mainly occur at bedtime and have been ongoing for the past few months. Patient underwent surgery; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.

New Patient referred by Dr. Sherbet for eval of paroxysmal AF. He had NICMP and an BiV ICD that was implanted July 31,2015 by Dr. Nair. He also underwent an atrial flutter ablation. EF did recover with BiV ICD implantation. Appears to have a history of di; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.

Pt has a hx of Marfans with new onset of CP, syncope, and dizziness. Need to rule out aortic dissection.; This study is being ordered for Congenital Anomaly.; 10/15/15; It is not known if there has been any treatment or conservative therapy.; Chest pain, dizziness, syncope pulmonary vein ablation.; 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.

Pulmonary vein mapping for a pulmonary vein ablation.; 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.

pulmonary vein mapping prior to pulmonary vein ablation.; 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.

She never start started the Florinef. She weans off the levsin and cardiozem. She has been on high salt, levsin for 5 months, bur never started Florinef because the concerned of swelling. She c/o left arm turn white all the sudden, without exertion, assoc; This study is being ordered for Vascular Disease.; She never start started the Florinef. She weans off the levsin and cardiozem. She has been on high salt, levsin for 5 months, bur never started Florinef because the concerned of swelling. She c/o left arm turn white all the sudden, without exertion, assoc; There has been treatment or conservative therapy.; She never start started the Florinef. She weans off the levsin and cardiozem. She has been on high salt, levsin for 5 months, bur never started Florinef because the concerned of swelling. She c/o left arm turn white all the sudden, without exertion, assoc; She never start started the Florinef. She weans off the levsin and cardiozem. She has been on high salt, levsin for 5 months, bur never started Florinef because the concerned of swelling. She c/o left arm turn white all the sudden, without exertion, assoc

The left ventricle is normal in size.  Left ventricular systolic function is normal.  The Ejection Fraction estimate is 60-65%.  No regional wall motion abnormalities noted.  The right ventricle is normal in size and function.  The aortic valve ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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.

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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

Thoracic Aortic Aneurysm.   Back Pain; 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.

YEARLY EVAL OF THORACIC AORTIC ANEURYSM. CHECKING SIZE.; 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 Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; ;

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.

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.

Unknown; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.

Claudication, artery disease.; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; Pt has no pulses in arms or legs.

Need to review anatomic considerations, embolic vs fasciitis vs stenosis.; This study is being ordered for trauma or injury.; 09/26/2015; There has not been any treatment or conservative therapy.; Hospitalized recently with mixed bag of presumed myopericarditis, right lung mass, finger discoloration (US occlusion of distal right radial artery ? etiology), tachycardia, ? hepatic hemangioma and (incidental?) hep A infection. Recent lung bx with Dr. A

hypertension and serve; This study is being ordered for Vascular Disease.; 4/2015; There has been treatment or conservative therapy.; pain in legs; medication

hypertension and serve; This study is being ordered for Vascular Disease.; 4/2015; There has been treatment or conservative therapy.; pain in legs; medication
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.

This is a request for CT Angiography of the Abdomen and Pelvis.

62 y.o. with h/o Nicotine dependence, GERD, HLD, HTN, Aortic thoracic Aneurysm(Aoritic Root Angiogram 4.1cm), Non-obstructive CAD s/p SCA 8/2014 showed mid LAD 30% stenosis, mild diffuse disease to LCx and RCA. She c/o SOB for the past 1-2 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.; 62 y.o. with h/o Nicotine dependence, GERD, HLD, HTN, Aortic thoracic Aneurysm(Aoritic Root Angiogram 4.1cm), Non-obstructive CAD s/p SCA 8/2014 showed mid LAD 30% stenosis, mild diffuse disease to LCx and RCA. She c/o SOB for the past 1-2 years.; It is not known if there has been any treatment or conservative therapy.; Shortness of breath and CAD. 62 y.o. with h/o Nicotine dependence, GERD, HLD, HTN, Aortic thoracic Aneurysm(Aoritic Root Angiogram 4.1cm), Non-obstructive CAD s/p SCA 8/2014 showed mid LAD 30% stenosis, mild diffuse disease to LCx and RCA. Sh

Yes, this is a request for CT Angiography of the abdomen.

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.

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

This is a request for a MR Angiogram of the abdomen.

; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.;

This is a request for a heart or cardiac MRI

This is a request for a Heart CT.

To evaluate the heart before a RF (radiofrequency) ablation for atrial fibrillation.; Is this a request for one of the following? Heart CT

; This is a request for CTA Coronary Arteries.; A study not listed has been 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.

Chest pain on exertion.; 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.; Chest pain and near syncope; Yes, there is Chronic Chest Pain.

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.; 43 yo female with migranes presenting with SOB and chest pain. For the past 1 year she c/o mild, B/L, pressure-like chest pain which is constant but fluctuates. Worse when supine. Not worse with exertion but c/o DOE.; Yes, there is Chronic Chest Pain.

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.

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.; Angina pectoris syndrome; Yes, there is Chronic Chest Pain.

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.; DOE with edema and chest tightness.; Yes, there is Chronic Chest Pain.

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 checked himself into the ACMC ER about 2 to 3 weeks ago for CP. He had bad cp but the enzymes were negative. He was shopping at walmart when the CP started. It was a 4/10 substernal pain like someone sitting on his chest. ER said he may have anxie; Yes, there is Chronic Chest Pain.

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 had a RSE that was non diagnostic. Even tho she was unable to achieve her target heart rate. Family hx father had MI at age 58. considering recommending sleep study due to OSA.; Yes, there is Chronic Chest Pain.

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.; pre surgical eval, having SOB, and chest pain, had CABG, substernal pain started 2 wks ago. former smoker, severe family hx of heart disease; Yes, there is Chronic Chest Pain.

There is "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; <Additional Clinical Information>; No, there is no Chronic Chest Pain.

This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; Chest pain and pressure
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.; Congstive Heart Failure.  WPW

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.; Dyspnea, Edema, Palpitations.

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>; Yes, the examination is for noninvasive coronary arterial mapping.

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.; Pt scheduled to have emergent thoracic aorta aneurysm repair on 10/16/15. Not able to cath pt; Yes, the examination is for noninvasive coronary arterial mapping.

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.; 57 year old male with CAD, hypertension, hyperlipidemia, and occlusion and stenosis of bilateral carotid arteries

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 .; ; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).

This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; Yes, patient has new onset congestive heart failure.;

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.;

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Anterior chest wall pain.

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Intercostal pain ..stress test on 12/29/2015 shows ischemia.

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; patient has tacky brady syndrome, heart is in 30/40s, dizzy and hypertension.

Clodication, artery disease.; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Pt has no pulses in arms or legs.

VASCULAR DISEASE with Chest pain, Leg Pain with PVD, known CAD with stents and Dyspnea with exertion.; This study is being ordered for Vascular Disease.; 07/22/2015; There has been treatment or conservative therapy.; Chest pain, Leg Pain with PVD, known CAD with stents and Dyspnea with exertion.; Medication therapy and physical therapy pt not getting better and has chest pain and SOB and is progressively getting worse.

Yes, this is a request for CT Angiography of the abdominal arteries.

< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; 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).

< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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 had a recent non-nuclear stress test.; The results of the previous nuclear cardiology study were not normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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 has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 year ago; There has not been any treatment or conservative therapy.; Sob on exertion, chest pain

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; weakness with minimal exertion, chest pain worse with exertion, shortness of breath with the pains.

. I was at work sitting typing on the computer and programs and I felt a sudden mid chest severe pain and I felt a few minutes later it happened again and I sat for a while and walked into another office and my work colleague noticed that I was pale and 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's age is between 45 and 64.; The patient 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.

; It is not known if the patient is diabetic.; The patient is less than 45 years old.; 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).

; It is not known if the patient is diabetic.; The patient is less than 45 years old.; 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).

; 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's age is between 45 and 64.; The patient 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 not diabetic.; The patient is less than 45 years old.; 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).

; The patient's age is between 45 and 64.; 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).

; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

; The study is being ordered for a post myocardial infarction evaluation.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient 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.

; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

; 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

10/13/15 Patient is here for evaluation of chest pain. Chest pain began about 2 months ago . Chest pain location is just left of sternum . Chest pain quality is just a pain . Chest pain intensity is 6/10 . Chest pain occurs sometimes wakes her up at night; The patient is not diabetic.; The patient is less than 45 years old.; 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).

10/27/15 Patient attempted a Stress echo Treadmill that was non diagnostic in office as she could not walk to reach target heart rate.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

28 year old obese male presenting with dyspnea and chest pain.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

31 year old man presents with atypical chest pain. He presented to ER twice for the same. ER work up EKG and enzymes negative. CXR no acute issues. He has no cardiac risk factors and no premature CAD in family. He is very concerned about this pain. Since ; The patient is not diabetic.; The patient is less than 45 years old.; 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).

33 year old male with syncope and collapse, hypertension, palpitations, chest pain and atrial fibrillation; The patient is not diabetic.; The patient is less than 45 years old.; 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).

39year old female with hypertension and obesity; The patient is not diabetic.; The patient is less than 45 years old.; 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).

42 year old female with dilated cardiomyopathy, pre-excitation syndrome, palpitations, and precordial pain.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

43 year old female presenting with chest pain; The patient is not diabetic.; The patient is less than 45 years old.; 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).

43 year old female with hyperlipidemia, chest pain, abnormal ekg, hypertension, and strong family history of heart disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

43 yr. old Male with left sided chest pain/pressure with dizziness. reports nothing relieves pain. Hx of HTN, Hyperlipidemia, family hx of CAD. pt has Paroxysmal vertigo therefore would not be able to do exercise stress test prior due to dizzy episodes.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

44 year old male with chest pain and palpitations; It is not known if the patient is diabetic.; The patient is less than 45 years old.; 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).

46 year old female with hyperlipidemia, hypertension, chest pain, and strong family history of heart disease.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

46-year-old white male with a very strong family history of coronary artery disease develop a single episode of pressure-like chest pain located to mid precordium, severe in intensity, radiating into his neck and his jaw, associated with dyspnea, only rel; 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's age is between 45 and 64.; The patient 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.

50 year old male with angina, COPD, and abnormal ekg.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

53 year old female with palpitations, dyspnea, precordial pain, chest pain, syncope and collapse, hypertension and cerebrovascular 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 had previous cardiac surgery or angioplasty.; It is not known if there are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

53 year old with shortness of breath and 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's age is between 45 and 64.; The patient 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.

54 year old male with palpitations, chest pain, dizziness, palpitations, and edema.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

55 year old male with chest pain and dyspnea.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are no new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

55 year old male with hypertension and abnormal ekg.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

57 y.o. Hispanic male with h/o TIA, HTN, HLD (Crestor) BAVD, CAD s/p (7/2014) PCI of RCA x2 BMS Veriflex 2.75x32 & 20, SCA (8/2014) revealed EF 50% and 40% stenosis of Proximal LAD here for cardiac evaluation. Last seen by Dr Cawich 8/2014. Today;; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

58 F with no significant cardiac history is here with multiple complaints. She has complaints of fatigue and weakness in legs. She just started working after she has been home for 2 yrs and since then feels like her BP fluctuates (she has home BP readings r; 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

58 year old male with heart failure, hypertension, hyperlipidemia, paroxysmal atrial fibrillation, palpitations, and bradycardia.; 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.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

59 y/o male with Ventricular Rhythm problems and palpitations. He is fatigued, has Hypertension, diabetes, hyperlipidemia, and is a tobacco smoker. He has sleep apnea as well.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

59 year old male with hypertension, palpitation, precordial pain, and fatigue along with strong family history of heart disease.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

59year old female with abnormal ekg, hypertension, chf, and angina; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

60 year old female with cardiac murmur, chest pain, nonrheumatic mitral valve insufficiency, palpitations, and pre-excitation syndrome.; 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's age is between 45 and 64.; The patient 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.

60 year old male with chest pain and 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's age is between 45 and 64.; The patient 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.

60 yo male with Htn and recently diagnosed CAD (NSTEMI s/p LCx DES; also has 50-60% mid LAD) here for follow up.; Doing well since discharge. No chest pain or SOB.; Back to work but not exercising. Waiting for cardiac rehab.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

63 year old male with syncope and collapse, CAD, and hypertension.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

64 y.o. male with h/o Tobacco abuse, TIA (?), A-fib, Necrosis of right great toe s/p amputation (11/2015) severe PVD s/p R fem pop with vein (11/2015) here for hospital f/u appt. Last seen by Dr Guajardo (11/2015).; Still c/o left leg claudication ; 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's age is between 45 and 64.; 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).

64 y/o male with Abnormal ECG showing non-specific ST. He has Syncopal episodes and Vertigo w/blurred vision. Dr. wants nuclear test due to his poor balance.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Abnormal EKG poor exercise ability and pt can not do the treadmill.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

abnormal EKG, smoker, strong family history of heart disease, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

abnormal ekg, tachycardia, shortness of breath, and angina. Family hx of CAD and MVP; The patient is not diabetic.; The patient is less than 45 years old.; 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).

abnormal EKG; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

active chest pain SOB and left arm numbness; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Angina episodes, mainly with exercise, and relieved NTG, not at rest, below neck, no recent radiating pain...smoker discussed issue...discussed diet carbs low glycemic index and weight loss.; 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's age is between 45 and 64.; The patient 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.

angina, chest discomfort, mixed hyperlipidemia. Chest Pain (Angina) This is a new problem. The current episode started more than 1 week ago. The problem occurs rarely. The problem has been resolved. Associated symptoms include chest pain. Pertinent nega; 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's age is between 45 and 64.; The patient 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.

angina, hypertension, shortness of breath, back pain, abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

angina, SOB, HTN, dizziness.; 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's age is between 45 and 64.; The patient 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.

ANGINA,SOB, SMOKER, FAMILY HISTORY OF CAD, CAD S/P STENT, HTN, OBESITY; The patient is not diabetic.; The patient is less than 45 years old.; 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).

atypical CP, history non-ST elevation MI in 2009 with elevated troponins; The patient is not diabetic.; The patient is less than 45 years old.; 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).

AVR x 3. Not feeling well for a while. Describes heart skipping and pain and pressure mainly with exertion. had 1v bypass after last surgery by CDW. Gets SOB with exertion for last month. Occ. has to prop head up on pillows. Has more leg swelling x 2mos. ; The patient is not diabetic.; The patient is less than 45 years old.; 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).

cardiomyopathy,; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

CHEST PAIN & PRESSURE, DOE, SMOKER, FAMILY HISTORY OF CAD, TACHYCARDIA, HTN, HYPERLIPIDEMIA, DIZZINESS & DIASTOLIC HEART FAILURE; The patient is not diabetic.; The patient is less than 45 years old.; 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).

chest pain and Abnormal EKG; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Chest Pain Angina Preoperative Cardiovascular Evaluation  Osteoarthritis  Former Smoker High Blood Pressure Family History of Heart Disease; This study is being ordered as a pre-operative evaluation.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; 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).

CHEST PAIN, CHEST TIGHTNESS, DOE, FAMILY HX 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.; 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's age is between 45 and 64.; The patient 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.

CHEST PAIN, DOE, PALPS W/IRREGULAR HEART RYTHM, 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.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

Chest pain, Dyspnea, edema.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

chest pain, essential hypertension, other hyperlipidemia, fatigue, fast heart rate. Lori S Miller is a 46 y.o. female who presents for a routine follow up. She is a former pt of Dr. Josef's in this clinic and wants to establish care with Dr. Vengala. Pati; 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's age is between 45 and 64.; The patient 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.

Chest pain, hypertension, obese with BMI 34.93, palpitations at rest, and former smoker. Family hx of CAD.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

chest pain, hypertension. Karla Roach is a 46 y.o. Caucasian female who presents for post ER visit follow up. She had an episode of epigastric burning that radiated to chest and throat relieved by burping. Work up negative. Taking PPI now and has not had ; 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's age is between 45 and 64.; The patient 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.

chest pain, left arm pain, anxiety. Chest Pain (Angina) This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs every several days. The problem has not changed since onset. Associated symptoms include chest pain.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

chest pain, short of breath; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

chest pain, shortness of breath, dizziness and giddiness. Palpitations  This is a recurrent problem. The current episode started more than 1 month ago. The problem occurs daily. The problem has been unchanged. Nothing aggravates the symptoms. Associated; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Chest pain, Shortness of breath, Palpitations, hx of cardiomyopathy; 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's age is between 45 and 64.; The patient 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.

chest pain, shortness of breath; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

CHEST PAIN, SOB, SYNCOPE, PALPS, HTN, DYSLIPIDEMIA, DIABETES, OBESITY; 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

CHEST PAIN, SOB, TACHYCARDIA, PALPS, SMOKER, FAMILY HISTORY OF CAD, ABNORMAL EKG, COPD; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

Chest pain. Sometimes associated to dyspnea and diaphoresis.; The patient's age is between 45 and 64.; 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).

Chest pain/hypertensive/dizziness/light headiness/obesity/r07.9 r00.2 r42 e66.9; The patient is not diabetic.; The patient is less than 45 years old.; 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).

CHEST PAIN; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Chest Pain; The patient's age is between 45 and 64.; 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).

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's age is between 45 and 64.; The patient 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.

Chest pains, shortness of breath/exertional, Pain with and w/o exertion.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

CHIEF COMPLAINT  Chest pressure, tightness and shortness of breath with exertion  HISTORY OF PRESENT ILLNESS Jacquita M Engles is here at the request of David Brightwell for consultation and diagnostic testing, as needed, due to chest pressure, tightn; 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's age is between 45 and 64.; The patient 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.

Chronic diastolic (congestive) heart failure; Essential (primary) hypertension; Mixed hyperlipidemia; Arteriosclerosis of native coronary artery w/ other form of angina pectoris; Encounter for other preprocedural examination: CV risk assessment for herni; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are no new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

CHRONIC RENAL DISEASE, CP, CARDIOMYOPATHY, HYPERLIPIDEMIA; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Concerned with abnormal ECG, and had abnormal stress test ...she is a smoker....and wants stress test....cant run do Lexiscan discussed.....and discussed smoking issue.; 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 had a recent non-nuclear stress test.; The results of the previous nuclear cardiology study were not normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

COPD, Asthma, persistent dull ache in the upper left side of his chest, no family history adopted.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

cp, 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's age is between 45 and 64.; The patient 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.

CP, HYPERLIPIDEMIA, HYPERTENSION; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

CP, palpitations, PVC, Syncope, Moderate Mitral Insufficiency; 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's age is between 45 and 64.; The patient 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.

daily chest pain; abnormal EKG (9/28/15); 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's age is between 45 and 64.; The patient 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.

DIABETIC, CP, HYPERLIPIDEMIA,HYPERTENSION; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Dyspnea at times with exercise, not at rest, not associated chest pain, stable mild symptom....associated fatigue...main symptom last few months....legs get tight end day, not claudication, stable symptom....non 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's age is between 45 and 64.; The patient 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.

ECG on 12/3/15 shows sinus rhythm, Heart Rate 86 bpm with minor nonspecific T-wave flattening.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states the symptoms having been going on for quite some time but her first visit w/cardiologist is 12-3-2015.; There has not been any treatment or conservative therapy.; Chest pain with exertional shortness of breath and occasional palpitations.

ECHO from 9/18/15 shows Mild concentric LVH, LVS normal, no PE, Mild Aortic sclerosis w/out stenosis, No valve stenosis. He has multiple risk factors including diabetes, hypertension, Family Hx of CAD, Dyslipidemia and was recently hospitalized for uncount; 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 results of the previous nuclear cardiology study were not normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

EKG - Sinus bradycardia. Voltage criteria for left ventricular hypertrophy. Left anterior fascicular block. Inferior subepicardial ischemia. Nonspecific ST-T wave changes.; Patient has chronic lower back pain, tobacco abuse history, diabetes;; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

EKG raises concern for left ventricular hypertrophy and some ST-T wave changes. Possibility of ischemic changes. Left axis deviation is present.; It is not known if the patient is diabetic.; The patient is less than 45 years old.; 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).

EKG was abnormal. Sinus bradycardia with possible atrial fibrillation noted.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

EKG was abnormal. Her father died at age 69 and CAD was the cause of death. Patient has dyspnea with the chest discomfort.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Father is deceased. Cause of Death MI at the age 58. Father's history includes CAD.   Mother is living. Mother's history includes diabetes, hypertension and CHF.; 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's age is between 45 and 64.; The patient 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.

Fibrillation; EKG 12/18 abnormal; heart rate 38 beats per minute. Marked sinus, axis deviation.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Following up on Chest Pain and SOB, pt had abnormal EKG. Moderate Right precordial repolarization disturbance. EKG consists of Pulmonary 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's age is between 45 and 64.; The patient 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.

Followup appointment for evaluation of chest discomfort. The patient is having increasing substernal chest sensation that is described as index substernal heaviness of moderate to severe intensity, exacerbated by exertion and associated with increased sho; 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's age is between 45 and 64.; The patient 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.

Having precordial chest pains, both at rest and exercise, , radiating back, left shoulder and arm, episodes last 3-5 minutes, associated dyspnea, , chest feels tight, episodes several times a week....NTG helped...discussed diet and carbs low glycemic inde; The patient is not diabetic.; The patient is less than 45 years old.; 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).

he has been doing well. No concerning cardiac symptoms and he says he is compliant with meds.; 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's age is between 45 and 64.; The patient 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.

He is morbidly obese with bilateral LE edema; He has been limited by his knee issues; He has family history of CAD and he has diabetes, hypertension and his EKG is abnormal.; We will order stress test and echo; Venous mapping for the venous insuf.; MORBID; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; Shortness of breath and abnormal EKG; He is morbidly obese with bilateral LE edema; He has been limited by his knee issues; He has family history of CAD and he has diabetes, hypertension and his EKG is abnormal.; We will order stress test and echo; Venous mapping for the venous insuf.; MORBID

He's a nice fellow who has been referred by Dr. vice for a cardiac evaluation. He has intermittent left chest pain which doesn't last very long and he has always attributed it to indigestion. It gets a little winded when he exerts himself and is somewhat ; 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's age is between 45 and 64.; The patient 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.

History of Heart enlargement and murmur, hypertension, Tachycardia, Chest pain, Hypothyroidism, Scoliosis, Hyperlipidemia; The patient is not diabetic.; The patient is less than 45 years old.; 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).

HISTORY OF PRESENT ILLNESS; Carolyn Wagoner is here at the request of Dr. Bogle for consultation and diagnostic testing, as needed. She has not been feeling well. She has had problems with progressive dyspnea symptoms with exertion that started about a year; 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's age is between 45 and 64.; The patient 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.

HPI ; ; Dyspnea: moderate, for the last year, worse in the last 6 months, worse with exertion, better with rest, PFT was within normal limits, better with inhalers, Dr. Travis would like to evaluate for CHF, normal Echo 6 months ago at Dr. Travis's office ; Ed; 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's age is between 45 and 64.; The patient 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.

HTN; Congestive Heart Failure ; Family History of Heart Disease ; Diabetic; Smoker; Overweight; 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 has congestive heart failure.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Hyperlipemia; HTN; Angina; CAD; ; Given DOT we will plan for a Cardiolute Stress Test; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

HYPERLIPUDEMIA, HYPERTENSION, CP; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

I had breast cancer treatment had colon cancer ; recurrent chest pains been having them off and on. It feels like a pain in the middle and tight; ; Died heart attack at 61 years old; ; Former 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's age is between 45 and 64.; The patient 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.

It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

It is not known if the patient is diabetic.; The patient is less than 45 years old.; 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).

known CAD, COPD can not exercise on treadmill; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Known CAD, S/P Myocardial Infarction, Asthma, HTN; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Left side chest pains, syncopal episode, shortness of breath; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Melondy scheduled this appointment to discuss chest pain. She states that she has episodes of chest discomfort, at rest or with exertion, which last 1-2 minutes before resolving. Nitroglycerin helps but does not completely relieve the pain immediately. Th; The patient is not diabetic.; The patient is less than 45 years old.; 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).

member did have a treadmill stress test /normal and now having recurring chest pain abnormal EKG; The patient is not diabetic.; The patient is less than 45 years old.; 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).

member was in hospital with chest pain sob abnormal/borderline ekg obese; The patient is not diabetic.; The patient is less than 45 years old.; 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).

moderate chest pains for the past 3 weeks, history of tachycardia and hypertension he is on Digoxin and Metoprolol cannot due regular stress test.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

moderate chest pains, shortness of breath, heart palpitations. strong family history of coronary artery disease; It is not known if the patient is diabetic.; The patient is less than 45 years old.; 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).

Mr. Arthur is referred by Dr. Stamp to evaluate palpitations. These started about a year ago, moderately severe, lasts for up to an hour, associated with chest pressure, not exacerbated by activity. Does have dyspnea on exertion with moderate 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's age is between 45 and 64.; The patient 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.

Mr. Blum is a 54 y/o WM referred by Dr. Deborah Cerrato for an abnormal ECG and dizziness. He had a moderately severe episode of "lightheadedness" almost 2 months ago while working in a yard, lasted 30-60 seconds, associated with substernal chest pressure; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Mr. Forrest is here today as a new pt referred by Andy Guinn, APN at SAMA with irregular heart rate, more tired lately, & dizziness.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Mr. Krause last scene July 2 015. He has history of CAD CABG. He had an OEM 50% in a diagonal of 80% that was not bypassed by report. He is not having anginal symptoms per se. He denies chest pain. No chest pressure. No CHF. No symptoms. Just on my pressu; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Mr. Martin has been experiencing intermittent chest pain, as described earlier in this request for the last month and on each occasion the pain becomes 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's age is between 45 and 64.; The patient 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.

Mr. Pomtree comes in for follow-up last seen January 2015. He has history of CAD and continued risk factors of diabetes. Last stent 2013. He has recently been on testosterone shots starting in June. He is certain level has come down. He mainly started his; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Mr. Primm is here today as a new pt referred by Dr. Richard Davis with chest pressure at his xyphoid process. He also had 1 spell where he felt like he was going to faint, but he thinks it was from anxiety. He also states the Omeprazole seems to be helpin; 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's age is between 45 and 64.; The patient 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.

Mr. Turner is here today as a new pt. He has been having chest pains, shortness of breath, & fatigue.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

Mr. Ward was a referral to us after an EKG at baptist showed AFib with right BBB. His EKG today is sinus rhythm but still showing a RBBB. He has no symptoms related to this. EKG was done preop and anesthesia canceled case and sent him to me. He had a stre; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Mr. Whiddon is here today as a new pt referred by Dr. Chambliss with chest pains. He presented to the ER with left anterior chest pain that radiated to his left arm. He also noted his heart "pounding" hard. Denies any shortness of breath, dizziness or syn; 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's age is between 45 and 64.; The patient 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.

Mrs young is a 51 year old white female here as a New patient with no known hx of cad. She has hx of hypertension, hyperlipidemia, diabetes and anxiety. She reports having sharp chest pains with rest or exertion radiating through to her back causing left ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is being evaluated for hx of hypertension and suspected coronary artery disease. Pt complains of chest pain and dyspnea.; There has not been any treatment or conservative therapy.; chest pain; sob

Mrs. Knight is here today referred by Dr. Ked Davis with an abnormal EKG. She states having shortness of breath occasionally.; Need Nuclear stress test to evaluate ischemia.; 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's age is between 45 and 64.; The patient 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.

Mrs. Pagan is here today as a new pt referred by APN J P Mobley with a family history of heart disease. A couple months ago she went through a spell where her heart felt irregular & she would get short of breath. She states feeling fine lately.; 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's age is between 45 and 64.; The patient 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.

Mrs. Perritt is here today as a new pt referred by Dr. Ked Davis with fatigue & dizziness. She's also having dizziness & left shoulder pain that's going up into her neck.; 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's age is between 45 and 64.; The patient 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.

Mrs. Thompson is here today as a new pt referred by APN Andy Guinn with irregular heart rate, shortness of breath, & high blood pressure.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Mrs. Turner is here today as a new pt referred by APN Leeann Glidwell with chest heaviness & shortness of breath. Vital Signs; 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's age is between 45 and 64.; The patient 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.

Ms. Barham is self-referred for evaluation of cardiovascular risk in setting of multiple cardiac risk factors. Her mom (Martha Henry, also my patient) just underwent CABG. She has had occasional episodes of chest pain provoked primarily by anxiety and rel; 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's age is between 45 and 64.; The patient 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.

Ms. Eddington is self referred for severe substernal chest pain that radiates up and around her neck causing the left arm to go numb and at times has occurred in the right arm. Has had 3 episodes over the last week and the last episode lasted about 7min. ; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Ms. Elliott was referred by Dr. Dietzen for evaluation of chest pain and shortness of breath. She describes a sharp, stabbing substernal chest pain, lasts for 1-2 minutes and resolves spontaneously, occurs at rest and also with minimal exertion, associate; 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's age is between 45 and 64.; The patient 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.

Ms. Morder is referred by Dr. Cobb for cardiac evaluation related to strong family history of heart disease and exertional dyspnea. Dyspnea with strenuous activity, improves with rest, with no associated chest pain or discomfort. Rare episodes of brief pal; 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's age is between 45 and 64.; The patient 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.

Ms. Williams is here to establish care. She was seeing Dr. Sharma in El Dorado but he is no longer practicing in the state. She has known ASHD with stent to the RCA. She also has a history of right renal artery stenosis. She is having some left-sided chest; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

n/a; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

New patient 3 weeks history chest pains, mid precordium, episodes last one minute usually, at times radiating left arm, associated with dyspnea, one episode at rest, associated chest pressure, usually at rest, episodes 2 times a week....had episode sweat; The patient is not diabetic.; The patient is less than 45 years old.; 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).

New patient left precordial chest pains, last 2 years, getting worse and more frequent, and radiating left arm , daily rest episodes last 8 days, episodes last 10 minutes, associates dyspnea, associated COPD and he is smoker, 1-2 packs a day...leg and hip; The patient is not diabetic.; The patient is less than 45 years old.; 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).

New patient referred Dr Barnett with chest pain chest last one month, left precordial, usually one minute duration, pinprick pain, no radiation, not associated dyspnea, a few episodes a week, not related exercise....at times chest tightness....with anxiet; The patient is not diabetic.; The patient is less than 45 years old.; 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).

New patient referred DR Fox, multiple risk factors CAD, no angina, at times dyspnea with exertion, discussed diet carbs low glycemic index....no syncope,,cant run..need stress 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's age is between 45 and 64.; The patient 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.

New patient referred DR Fox, she has dyspnea with exertion, not at rest, no associated syncope.....has COPD still smokes...at times mild left sided atypical chest pain, episodes are short , no radiation, and not related exercise, has abdominal pain..has h; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

New patient referred preop clearance Dr Samuel Moore orthopedics, has CAD and had AMI and coronary stent 1999 at UAMS., no angina, no dyspnea daily activities, no syncope....ex smoker in 2001.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

New patient with CAD had circumflex stent 3,0-18 mm 2012.....no angina...no dyspnea.....has back pains, limited on pain medication.....smokes on Saturdays....; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

New patient....referred Dr Baskin preop clearance, abnormal ECG....no angina ...no dyspnea.....EKG shows septal MI.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

NO; 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's age is between 45 and 64.; The patient 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.

None; The patient is not diabetic.; The patient is less than 45 years old.; 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).

none; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

None; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

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

Now 3 years post LAD stent. Has some RCA dz. on medical rx. Returns feeling well with no CP or SOB. Some wt. gain. Not exercising that much. No leg swelling. No palp. or syncope. Last A1c was 9.0. Dr. Ulmer follows this and lipids. Due to have colonoscopy; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Obesity; not able to get on treadmill; palpitations and SOB; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Palpitations- symptoms haven't change since last visit. Also, 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's age is between 45 and 64.; The patient 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.

PALPITATIONS; DIABETES MELLITUS ; HYPERTENSION ESSENTIAL;
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's age is between 45 and 64.; The patient 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.

Past Medical History ; Medical history ; Cardiac: hyperlipidema. ;
; Family history ; Coronary Artery Disease. ; Hypertension.
; Diabetes Mellitus.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Patient has ESRD with dependence on renal dialysis. Her EKG shows a possible anterior myocardial infarction. NYHA II for chronic systolic CHF-patient has mild exertional symptoms. She appears to be euvolemic.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Patient also has Bradycardia, unspecified.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

Patient coming in with Chest discomfort. Been having his chest discomfort over the last one year. Last episode around a week ago was more severe in intensity localized in the mid aspect of the chest, and radiating to the right upper back. She has RBBB, ; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient had an abnormal carotid UA in 2014 w/50% blockage.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

patient has a abnormal EKG shortness of breath with palpitations, and syncope; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Patient has a past history of premature beats. His TMST 4 years ago was negative. He has a commercial pilots license and want to make sure his heart is OK to fly. The PACs occur with stress and caffiene intake. He needs a cardiac clearance for possible kn; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient has chest pain, family history of heart disease, and hyperlipidemia. She is also a former smoker.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Patient has COPD, history of seizures and strong family history of heart disease. Chest pains that diffuse across the chest, shortness of breath with pains, this is not with exerting.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient has family history of heart disease. Suspected 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient has H/o Coronary Artery Disease status post Stent placement to Left anterior descending and obtuse marginal in 8/2014.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Patient has had an abnormal ECG and a regular stress test may give a false positive. Doctor is requesting a nuclear stress test.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.

patient has had back surgery and neck surgery, therefore member is not able to get on treadmill, abnormal EKG, cardiac murmur; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Patient has had hip replacement surgery and has a moderate activity level. Exercise includes cycling and she exercises 3-4 times per week.; 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's age is between 45 and 64.; The patient 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.

Patient has had surgery and is unable to get onto a treadmill and pt is obese. Pt has had an abnormal EKG.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Patient has heart disease.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient has history of CAD, hypertension, hyperlipidemia as well as obesity. In 2013 lateral wall myocardial infarction. Emergency cauterization, drug alluding stent. No complaints of chest pain/angina. Patient is feeling well; follow up.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient has history of minor CVA in the past. On 9/30/15 she had inability to raise the arms. EKG on 9-29-15 shows Sinus Rhythm w/ minor T-wave abnormality.; 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's age is between 45 and 64.; The patient 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.

Patient has hypertension and diabetes. Cardiac bypass surgery in 2014.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; A study not listed has been completed.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

patient has known anomalous RC origin from the superior aspect of the left coronary cusp at the level of proximal pulmonary artery and hypertension; The patient's age is between 45 and 64.; 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).

Patient has known CAD and experiencing chest pain; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Patient has recently been diagnosed with diverticulitis with GI bleeding. Patient is also diabetic; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient is a heavy tobacco 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.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Patient is also complaining of palpitations with his chest pain and Dyspnea.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Patient is having increased shortness of breath and has had dizziness.; The patient's age is between 45 and 64.; 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).

Patient is in a wheelchair, obese and can not walk; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Patient is seen today for a routine follow up. He Continues to have a left-sided chest pain with shortness of breath. He has also had progressive fatigue We went down the pathway looking for sleep apnea which he had a mild case and a CPAP trial was attempt; 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's age is between 45 and 64.; The patient 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.

Patient is unable to walk on treadmill has arthritis and fibromyalgia, this for pre-op evaluatiojn; 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

Patient needing surgical clearance for right hip replacement due to degenerative joint disease. She has a history of Tctopic atrial tachycardia, dizziness and giddiness and hypertension.; 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.; It is not known if the patient had a recent stress echocardiogram.; It is not known if the patient had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; 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).

Patient presented with complaints of intermittent chest pain that occurs mostly when she is lying down. She states that this happens when she turns at her waist.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

patient referred for palpitations. Reports racing palpitations for the past 3 months associated with dizziness and chest tightness. She had 1 syncopal episode in November when she was eating dinner and became dizzy then passed out. She also c/o shortness ; The patient's age is between 45 and 64.; 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).

Patient was diagnosed with Chronic CAD on 10/31/2014. Patient also has Diabetes.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

patient was in the hospital having shortness of breath; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient was made to have a stress echocardiogram and was unable to complete this exam so the lexiscan stress test is recommended.; 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.

Patient weighs 298 lbs and abnormal EKG. She was also told she has a cardiomegaly on her chest x-ray. She has occasional dizziness as well.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

patient with abnormal EKG, shortness of breath, palpitations, obese; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Patient with Known CAD S/P PTCA, Low back pain unable to exercise on the treadmill. HTN; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient's Chest CT on 10/27/2015 shows mild coronary artery calcification of the native vessels. Risk factors include Hypertension and family history of CAD.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient's experiencing chest pressure; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Physician Noted episode of class 4 chest pain, started in left arm into chest 2 weeks ago. Pt has uncontrolled hypertension, BP 172/120; The patient's age is between 45 and 64.; 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).

Physician would like to rule out ischemia. Patient has not found any means of avoiding or resolving symptoms until they do so spontaneously. Occasionally palpitations subside but patient remains with pressure-like chest pain for 2-3 minutes more. Ultimately; The patient is not diabetic.; The patient is less than 45 years old.; 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).

post surgery; 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's age is between 45 and 64.; 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).

presented to ER, mi was ruled out and referred to them for chest pains.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Pressure, irregular heartbeat, diabetic with 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's age is between 45 and 64.; The patient 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.

Prior history of edema, episodes of severe mid precordial sharp chest pain with no associated symptoms and resolves spontaneously and nothing could do to prevent or resolve symptoms.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Pt came in for a pacemaker evaluation on 11.30.15. Stored electrogram showed multiple high ventricular episodes. Unfortunately the detection criteria was not turned on to detect the atrioventricular. We need the stress test to make sure no signif; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Pt can not gert on treadmill, anemic, abnormal EKG.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

pt had holter monitor that shows some Ventricular tachycardia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

Pt has abn EKG; active smoke, asthma, shortness of breath on exertion; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Pt has Cardiomegaly with EXTREAM shortness of breath. cannot complete excersize stress test, Abnormal ECG, Abnormal Pulmonary function test, Hperlipedemia,; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Pt has known CAD and new onset of chest pain, Ventricular tachycardia,Cardiomyopathy,Mixed hyperlipidemia,Type 2 diabetes mellitus without complication,Essential hypertension,S/P implantation of automatic cardioverter/defibrillator (AICD); 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

PT HAVING CP AND DSYRNA; HX OF CVA.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Pt is having chest pain and shortness of breath.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Pt is having chest pain associated with exertion. Dr is trying to r/O CAD. Pt has family hx of CAD; The patient is not diabetic.; The patient is less than 45 years old.; 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).

pt is having chest pain with dyspnea with any type of exertion. she does have a very strong family hx of early death of family members due to CAD. she is morbid obese, has HTN and is a smoker.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

PVD; HTN; DM II without Complication; Obstructive Sleep Apnea; Morbid Obesity; Peripheral Venous Insufficiency ; RBBB; Fatigue; Discolored feet and legs; High blood pressure; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

R/O arrhythmia at etiology due to risk factors and progressive nature of symptoms.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

R/O CAD; The patient is not diabetic.; The patient is less than 45 years old.; 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).

recent hospital stay with n/v, chest pain, & elevated HR. Currently SOB, fatigue, & palpitations. hx of aortic root repair; 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

reports chest pain with exertion sometimes relieved with rest pt complaining of chest discomforts; 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's age is between 45 and 64.; The patient 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.

Rhythm is irregularly irregular consistent with atrial fibrillation.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

right bundle block, strong family history for CAD 2 episodes of chest pain at rest and a former 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's age is between 45 and 64.; The patient 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.

rule out CAD; The patient is not diabetic.; The patient is less than 45 years old.; 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).

she complains of chest pains onset about a few months ago, described as a burning anterior chest pain which is brought on by exertion and relieved with rest. CP variable in intensity and duration. HR noted to be slow at times. Associated symptoms include S; The patient is not diabetic.; The patient is less than 45 years old.; 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).

She has had recent burning chest pain in the substernal area of varying intensity and duration. She also noted numbness in the left arm with tightness in the shoulders.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

she has PMI/CDA/Hypertension; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

shortness of breath , dizziness; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Shortness of breath; Edema of lower leg; Chest pressure recurrent; The patient is not diabetic.; The patient is less than 45 years old.; 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).

shortness of breath, chest pain (nausea , vomiting) , dizziness and early T-wave on EKG; 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's age is between 45 and 64.; The patient 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.

Shortness of breath; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

String family HX of heart attack; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Stroke 2009 and 2010; Angina (413.9): new onset with abnormal ECG; pressure in the chest and arm on 8-23-2015 and I was in JRMC and three NTG tablets helped; PULM I am SOB with some ADL; The patient's age is between 45 and 64.; 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).

substernal chest pain exertionally; 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 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.

Supraventricular tachycardia: PSVT history; Palpitations; Other chest pain: Chest pain/angina; Shortness of breath; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Swelling in the legs, Shortness of Breadth.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Syncope. He was seen for having syncopal episode. He has had a carotid duplex which was negative. He had episode of sinus Tachycardia but no evidence of any atrioventricular block. He has been having dyspnea on exertion. Anytime he walks on a flat surface; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; 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 cardiologist has changed her prescriptions on 11 medications, stopping 7 meds and starting her on 3 new meds and changing dosage on one other.; 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's age is between 45 and 64.; The patient 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 family history of CAD. She has not had a previous cardiac workup. She has been having some episodes of increase palpitation and some chest pain. The chest pain often comes without the palpitations. She is only taking one sotalol per day.; 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's age is between 45 and 64.; The patient 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 a white female who has tachycardia. The tachycardia is better but has had near syncope. She has had increased swelling over than last month. She has chest pain at rest and with activity. She is limited by back pain and can walk 3 blocks; The patient is not diabetic.; The patient is less than 45 years old.; 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).

The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.

The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

The patient is having episodes of chest discomfort and chest heaviness. It is a relatively typical angina that he describes. His 12 lead electrocardiogram from the emergency room when he presented with chest discomfort is within normal limits. At this time; It is not known if the patient is diabetic.; The patient is less than 45 years old.; 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).

The patient is not diabetic.; The patient is less than 45 years old.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

The patient is not diabetic.; The patient is less than 45 years old.; 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).

The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has diabetes.

The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.

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's age is between 45 and 64.; The patient 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.

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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; 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 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's age is between 45 and 64.; 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 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; 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 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; The patient 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 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.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; 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 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 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; 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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

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.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; 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 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's age is between 45 and 64.; The patient 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.

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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; 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 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's age is between 45 and 64.; The patient 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 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 the patient has had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; 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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; 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 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's age is between 45 and 64.; 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 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; 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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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

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

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

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

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater

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.

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

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

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.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.

This patient came to establish cardiac care, The patient has a strong FH of heart disease and has been having chest pains with shortness of breath for 2 weeks.; 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's age is between 45 and 64.; 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 study is being ordered as a pre-operative evaluation.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; 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. to rule out CAD; abnormal EKG; The patient is not diabetic.; The patient is less than 45 years old.; 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).

To rule out ischemia, patient has shortness of breath and ECG was abnormal shows NSR non-specific st changes; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

tobacco use and alcohol use; The patient is not diabetic.; The patient is less than 45 years old.; 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).

unknown; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

unknown; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Unknown; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient 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.

unknown; 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.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.

Uses tobacco, hypertension; The patient is not diabetic.; The patient is less than 45 years old.; 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).

will fax in; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

< 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.

< 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.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient does NOT have a body Mass List score index equal to or above 40.

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.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient has a body Mass List score index equal to or above 40.

This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; It is not known if the patient has been recently diagnosed with and/or treated for congestive heart failure.; It is not known if the patient is presenting new cardiac signs or symptoms.; < 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 Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are documented clinical findings consistent with hypertension.; Patient had a heart cath and her EF at that time was 25-30%. Patient is currently wearing a Life Vest and needs to be reevaluated.

This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; It is not known if there are EKG findings consistent with cardiomyopathy or myocarditis.; There are no stress echocardiogram findings consistent with cardiomyopathy or myocarditis.; It is not known if there are abnormal lab findings consistent with cardiomyopathy or myocarditis.; PT HAS HAD A TRANSTHORACIC ECHO-ABNORMAL.  LEFT HEART CATHETERIZATION  No angiographic evidence of significant obstructive atherosclerotic CAD, LVEF: 30%, severe global hypokinesis, LVEDP: 15 mmHg, elevated, Normal pulmonary artery pressure, PAP: 32/

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.;

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.; tachycardic-induced cardiomyopathy < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 year ago; There has not been any treatment or conservative therapy.; Sob on exertion, chest pain

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; weakness with minimal exertion, chest pain worse with exertion, shortness of breath with the pains.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 month; There has not been any treatment or conservative therapy.; bilateral LE edema, pcp gave Lasix but nothing is helping.

; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;

Chest pain with and without exertion. He will start running a fever and then will have chest pain associated with SOB; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Chest Pain with and without exertion. He will start running a fever and then will have chest pain associated with SOB

diabetic with hyperlipidemia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; six weeks ago; It is not known if there has been any treatment or conservative therapy.; chest pain on exertion, relieved by rest, precordial with dyspnea.

Mr Rodrigues is a very pleasant 37year old gentleman, here today from Sherwood urgent care as a work in d/t being awakened with chest pain/pressure at 4:00am. Patient states he woke up at 2:00am sweating, no chest pain, walked around for a bit, went back ; This study is being ordered for Vascular Disease.; Mr Rodrigues is a very pleasant 37year old gentleman, here today from Sherwood urgent care as a work in d/t being awakened with chest pain/pressure at 4:00am. Patient states he woke up at 2:00am sweating, no chest pain, walked around for a bit, went back ; There has not been any treatment or conservative therapy.; Mr Rodrigues is a very pleasant 37year old gentleman, here today from Sherwood urgent care as a work in d/t being awakened with chest pain/pressure at 4:00am. Patient states he woke up at 2:00am sweating, no chest pain, walked around for a bit, went back

New patient referred DR Gustavus with abnormal ECG...had 2 recent admission hospital, palpitations episodes...2 hours episodes, admitted Baptist North, not associated dyspnea or chest pain, felt dizzy....associated limb pains and shooting pains....and con; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/04/15; It is not known if there has been any treatment or conservative therapy.; New patient referred DR Gustavus with abnormal ECG...had 2 recent admission hospital, palpitations episodes...2 hours episodes, admitted Baptist North, not associated dyspnea or chest pain, felt dizzy....associated limb pains and shooting pains....and con
Peripheral Edema, Hypertension, Dyspnea on Exertion, and Reactive Airway Disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; N/A; It is not known if there has been any treatment or conservative therapy.; Peripheral Edema, Hypertension, Dyspnea on Exertion, and Reactive Airway Disease.&#xOD; &#xOD; swelling, elevated blood pressure, Short of breath

Pt has a hx of Marfans with new onset of CP, syncope, and dizziness. Need to rule out aortic dissection.; This study is being ordered for Congenital Anomaly.; 10/15/15; It is not known if there has been any treatment or conservative therapy.; Chest pain, dizziness, syncope

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure

This a request for an echocardiogram.; This is a request for a 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.

This a request for an echocardiogram.; This is a request for a 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

This a request for an echocardiogram.; This is a request for a 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

This a request for an echocardiogram.; This is a request for a 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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG

This a request for an echocardiogram.; This is a request for a 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.

This a request for an echocardiogram.; This is a request for a 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

This a request for an echocardiogram.; This is a request for a 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.

This a request for an echocardiogram.; This is a request for a 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

This a request for an echocardiogram.; This is a request for a 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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.

This a request for an echocardiogram.; 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.

This a request for an echocardiogram.; 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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.

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.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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).

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for symptoms of a heart problem. VASCULAR DISEASE with Chest pain, Leg Pain with PVD, known CAD with stents and Dyspnea with exertion.; This study is being ordered for Vascular Disease.; 07/22/2015; There has been treatment or conservative therapy.; Chest pain, Leg Pain with PVD, known CAD with stents and Dyspnea with exertion.; Medication therapy and physical therapy pt not getting better and has chest pain and SOB and is progressively getting worse.

Pt here to discuss further treatment for aortic stenosis. She saw Dr. Nolen on 11/19 and would like to review. Her evaluation with Dr. Nolan demonstrated that she had a porcelain the order. It was very hesitant to commit her to a surgical replacement when; 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.

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.

This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac devise (artificial valve, pacemaker, ASD closure device etc).

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.

< 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.

; 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.

; This study is 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.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;

; This study is being ordered for Vascular Disease.; Thoracic Aortic aneurysm without rupture, SVT post ablation.; There has been treatment or conservative therapy.;

Ms Reed is a very pleasant 59yo lady with significant history of HLD, presents from Dr. Lea's office for evaluation of palpitations and syncope. She reports that she recently had one episode of nighttime palpitations with associated substernal chest pain,; This study is being ordered for Vascular Disease.; Ms Reed is a very pleasant 59yo lady with significant history of HLD, presents from Dr. Lea's office for evaluation of palpitations and syncope. She reports that she recently had one episode of nighttime palpitations with associated substernal chest pain,; It is not known if there has been any treatment or conservative therapy.; Ms Reed is a very pleasant 59yo lady with significant history of HLD, presents from Dr. Lea's office for evaluation of palpitations and syncope. She reports that she recently had one episode of nighttime palpitations with associated substernal chest pain,

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.

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.

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease

This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.

Radiology Services Denied Not Medically Necessary

Aneurysm: Jugular venous aneurysm. Radiculopathy of cervical region: Of radial nerves bilaterally. Peripheral vascular disease, unspecified: PAD bilateral SFA 90% (+). Arteriosclerosis of native arteries of extremity w/ rest pain Nonrheumatic aorti; This study is being ordered for Vascular Disease.; 9/15/2015; There has been treatment or conservative therapy.; shortness of breath, chest pain, dizziness, and right arm paralysis transient.; Carotid Doppler showed right jugular vein 2.70 cm, will further evaluate. Patient instructed to continue current medical therapy until further evaluation.

Radiology Services Denied Not Medically Necessary

Aneurysm: Jugular venous aneurysm. Radiculopathy of cervical region: Of radial nerves bilaterally. Peripheral vascular disease, unspecified: PAD bilateral SFA 90% (+). Arteriosclerosis of native arteries of extremity w/ rest pain Nonrheumatic aorti; This study is being ordered for Vascular Disease.; 9/15/2015; There has been treatment or conservative therapy.; shortness of breath, chest pain, dizziness, and right arm paralysis transient.; Carotid Doppler showed right jugular vein 2.70 cm, will further evaluate. Patient instructed to continue current medical therapy until further evaluation.

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 physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

Radiology Services Denied Not Medically Necessary

Ms. Presson is a 54 year old female with a history of non obstructive coronary artery disease per cath 05/2011, PVD s/p pta stents to bilateral iliac arteries by Dr Eidt 06/2011. She underwent a peripheral angiogram 09/2013 where she recieved successful P; This study is being ordered for Vascular Disease.; 05/2011; There has been treatment or conservative therapy.; ARM PAIN; PATIENT RECEIVED PTA STENTS TO BILATERAL ILIAC ARTERIES IN JUNE 2011. PATIETN RECEIVED SUCCESSFUL PTA/STENT TO RIGHT CIA WITH ATRIUM ICAST STENT IN SEPTEMBER 2013.

Radiology Services Denied Not Medically Necessary

46 year old male with no known coronary artery disease . History of hypothyroidism. IBS , esopahgitis . Presents with complaint of pressure to left breast area with sharp pain at times , dysena on exertion , edema to face at times, palpitations , feeling ; This study is being ordered for Vascular Disease.; September 22, 2015; There has not been any treatment or conservative therapy.; 46 year old male with no known coronary artery disease . History of hypothyroidism. IBS , esopahgitis . Presents with complaint of pressure to left breast area with sharp pain at times , dysena on exertion , edema to face at times, palpitations , feeling none; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Ms. Presson is a 54 year old female with a history of non obstructive coronary artery disease per cath 05/2011, PVD s/p pta stents to bilateral iliac arteries by Dr Eidt 06/2011. She underwent a peripheral angiogram 09/2013 where she recieved successful P; This study is being ordered for Vascular Disease.; 05/2011; There has been treatment or conservative therapy.; ARM PAIN; PATIENT RECEIVED PTA STENTS TO BILATERAL ILIAC ARTERIES IN JUNE 2011. PATIETN RECEIVED SUCCESSFUL PTA/STENT TO RIGHT CIA WITH ATRIUM ICAST STENT IN SEPTEMBER 2013. This is a request for CT Angiography of the Abdomen and Pelvis.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

46 year old male with no known coronary artery disease . History of hypothyroidism. IBS , esopahgitis . Presents with complaint of pressure to left breast area with sharp pain at times , dysena on exertion , edema to face at times, palpitations , feeling ; This study is being ordered for Vascular Disease.; September 22, 2015; There has not been any treatment or conservative therapy.; 46 year old male with no known coronary artery disease . History of hypothyroidism. IBS , esopahgitis . Presents with complaint of pressure to left breast area with sharp pain at times , dysena on exertion , edema to face at times, palpitations , feeling

Radiology Services Denied Not Medically Necessary

She never start started the Florinef. She weans off the levsin and cardiozem. She has been on high salt, levsin for 5 months, bur never started Florinef because the concerned of swelling. She c/o left arm turn white all the sudden, without exertion, assoc; This study is being ordered for Vascular Disease.; She never start started the Florinef. She weans off the levsin and cardiozem. She has been on high salt, levsin for 5 months, bur never started Florinef because the concerned of swelling. She c/o left arm turn white all the sudden, without exertion, assoc; There has been treatment or conservative therapy.; She never start started the Florinef. She weans off the levsin and cardiozem. She has been on high salt, levsin for 5 months, bur never started Florinef because the concerned of swelling. She c/o left arm turn white all the sudden, without exertion, assoc; She never start started the Florinef. She weans off the levsin and cardiozem. She has been on high salt, levsin for 5 months, bur never started Florinef because the concerned of swelling. She c/o left arm turn white all the sudden, without exertion, assoc

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 physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >
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. William G Bogard is a 40 year old African-American man with history of myocardial infarction in 2012; Recent transthoracic echocardiogram reveals baseline LVEF of 35-40% with baseline moderate hypokinesis of the mid-apical inferior and basal-mid infer

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a request for a heart or cardiac MRI

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.

Radiology Services Denied Not Medically Necessary

; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

middle aged female w/hx of exertional SOB and family hx of other cardiovascular diseases.; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ABNORMAL EKG; Yes, there is Chronic Chest Pain.

Radiology Services Denied Not Medically Necessary

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ongoing chest pain; Yes, there is Chronic Chest Pain.

Radiology Services Denied Not Medically Necessary

There is "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; None; No, there is no Chronic Chest Pain.

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.; Impression 1. Myocardial perfusion imaging is mildly abnormal and technically somewhat difficult. Moderate sized partially reversible anteroseptal, anterior and anterolateral defect of mild intensity is noted, suggestive of attenuation artifact but LA

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a month; There has not been any treatment or conservative therapy.; bilateral LE edema, pcp gave Lasix but nothing is helping. Yes, this is a request for CT Angiography of the abdominal arteries.

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

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

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

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

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 not know

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

62 year old male with angina, palpitations, hyperlipidemia, hypertension, CAD, MI, cardiomyopathy, and atrial fibrillation; 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

Radiology Services Denied Not Medically Necessary

Asthma heavy 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

Radiology Services Denied Not Medically Necessary

chest pain is located in the substernal region . Radiates into the neck left shoulder left arm . The pain occurs at rest and with exertion. Pain last approximately 5-10 minutes. Patient describes the pain as pressure sharp . ; , shortness of breath/exe; 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

Radiology Services Denied Not Medically Necessary

Chest pain with and without exertion. He will start running a fever and then will have chest pain associated with SOB; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Chest Pain with and without exertion. He will start running a fever and then will have chest pain associated with SOB

Radiology Services Denied Not Medically Necessary

Chest pain, Chronic obstructive pulmonary disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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

Radiology Services Denied Not Medically Necessary

CHEST PAIN, FAMILY HISTORY OF CAD, HTN, HYPERLIPIDEMIA, OBESITY; 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

Radiology Services Denied Not Medically Necessary

chest pain, rheumatoid arthritis; 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

Radiology Services Denied Not Medically Necessary

CHEST PAIN, SOB, SMOKER, FAMILY HISTORY OF CAD, PALPS, HYPERLIPIDEMIA, OBESITY; 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

Radiology Services Denied Not Medically Necessary

CP, ABN EKG,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

Radiology Services Denied Not Medically Necessary

diabetic with hyperlipidemia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; six weeks ago; It is not known if there has been any treatment or conservative therapy.; chest pain on exertion, relieved by rest, precordial with dyspnea.

Radiology Services Denied Not Medically Necessary

diabetic, cp, obesity, hyperlipidemia, hypertension,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

dilated right ventricular patient had an echo and 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

Radiology Services Denied Not Medically Necessary

ECG on 10/13/15 shows Sinus Rhythm, Heart rate 70 beats a minute poor R wave progression, non-specific T-wave flattening.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states that symptoms began about 2 months before her OV which would be around August 13,2015.; There has not been any treatment or conservative therapy.; Patient complains of intermittent precordial chest pain/palpitations, accompanied by shortness of breath and racing heart, lasting for a few minutes. This has been going on for a couple of months now. No distinct relationship to physical activity and pain

Radiology Services Denied Not Medically Necessary

Eva Albright is a 50-year-old woman, here at the request of Katie Combs, APN for consultation and diagnostic testing, as needed. She had had intermittent episodes of chest pain. The patient states years ago while she was in Mississippi she had a stress test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Radiology Services Denied Not Medically Necessary

Mr. Pipkin is a new patient here for evaluation of chest pain and hypertension. He has been experiencing episodes of sharp left sided chest pain that radiates to his back for the past couple of months. His symptoms last a few minutes and occur at rest. 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

Radiology Services Denied Not Medically Necessary

n/a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

New patient referred DR Gustavus with abnormal ECG...had 2 recent admission hospital, palpitations episodes...2 hours episodes, admitted Baptist North, not associated dyspnea or chest pain, felt dizzy....associated limb pains and shooting pains....and con; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/04/15; It is not known if there has been any treatment or conservative therapy.; New patient referred DR Gustavus with abnormal ECG...had 2 recent admission hospital, palpitations episodes...2 hours episodes, admitted Baptist North, not associated dyspnea or chest pain, felt dizzy....associated limb pains and shooting pains....and con

Radiology Services Denied Not Medically Necessary

New patient to Dr. Mears. Patient has known CAD, and has had MPI, but none since 2012. Unknown if any changes since 2012 testing.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if there are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29
PALPITATION, SLEEP APNEA, FORMER 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

Radiology Services Denied Not Medically Necessary

Patient had an abnormal exercise stress test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Radiology Services Denied Not Medically Necessary

patient has abnormal EKG showing PVC and 1st Degree AV block.; 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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Patient has complaints of chest pain and DOE. She had a normal RSE 11-10-15 and is still complaining of worsening symptoms along with severe fatigue. She has a family history of CAD in Mother and sister; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had a stress echocardiogram; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

Radiology Services Denied Not Medically Necessary

Patient is also diagnosed with peripheral vascular disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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

Radiology Services Denied Not Medically Necessary

Peripheral Edema, Hypertension, Dyspnea on Exertion, and Reactive Airway Disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; N/A; It is not known if there has been any treatment or conservative therapy.; Peripheral Edema, Hypertension, Dyspnea on Exertion, and Reactive Airway Disease.&#xOD; &#xOD; swelling, elevated blood pressure, Short of breath

Radiology Services Denied Not Medically Necessary

PREVIOUS HEART CATH; 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.

Radiology Services Denied Not Medically Necessary

pt presents with substernal cp exertional, exertional SOB; 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

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.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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 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's age is between 45 and 64.; The patient 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.

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 had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

This is a 58-year-old lady with a known history of coronary artery disease, two vessel bypass in 1998 followed by seven or eight stents with the last one five years ago. She presented to the Cardiology Clinic with chest pain described as retrosternal ches; 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
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.

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

Radiology Services Denied Not Medically Necessary

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.

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.

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.

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.

Radiology Services Denied Not Medically Necessary

Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

Patient has CAD and Angina; This is a request for a Cardiac-imaging PET scan.; This study is NOT being ordered to identify a myocardial perfusion defect.; This study is NOT being ordered to assess myocardial viability in a candidate for a revascularization procedure.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >; ; This study is 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.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

ECG on 10/13/15 shows Sinus Rhythm, Heart rate 70 beats a minute poor R wave progression, non-specific T-wave flattening.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states that symptoms began about 2 months before her OV which would be around August 13,2015.; There has not been any treatment or conservative therapy.; Patient complains of intermittent precordial chest pain/palpitations, accompanied by shortness of breath and racing heart, lasting for a few minutes. This has been going on for a couple of months now. No distinct relationship to physical activity and pain

Radiology Services Denied Not Medically Necessary

ECG on 12/3/15 shows sinus rhythm, Heart Rate 86 bpm with minor nonspecific T-wave flattening.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states the symptoms having been going on for quite some time but her first visit w/cardiologist is 12-3-2015.; There has not been any treatment or conservative therapy.; Chest pain with exertional shortness of breath and occasional palpitations.

Radiology Services Denied Not Medically Necessary

He is morbidly obese with bilateral LE edema; He has been limited by his knee issues; He has family history of CAD and he has diabetes, hypertension and his EKG is abnormal.; We will order stress test and echo; Venous mapping for the venous insuf.; MORBID; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; Shortness of breath and abnormal EKG; He is morbidly obese with bilateral LE edema; He has been limited by his knee issues; He has family history of CAD and he has diabetes, hypertension and his EKG is abnormal.; We will order stress test and echo; Venous mapping for the venous insuf.; MORBID

Mr. Jones presents today with increasing symptoms of SOB with exertion, actually similar to symptoms a bit more than 2 years ago but worse in recent months. At that previous visit, he had a hypertensive response to exercise with SBP 240 mm Hg and Altace w; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mr. Jones presents today with increasing symptoms of SOB with exertion, actually similar to symptoms a bit more than 2 years ago but worse in recent months. At that previous visit, he had a hypertensive response to exercise with SBP 240 mm Hg and Altace w; It is not known if there has been any treatment or conservative therapy.; Mr. Jones presents today with increasing symptoms of SOB with exertion, actually similar to symptoms a bit more than 2 years ago but worse in recent months. At that previous visit, he had a hypertensive response to exercise with SBP 240 mm Hg and Altace w

Radiology Services Denied Not Medically Necessary

Mrs young is a 51 year old white female here as a New patient with no known hx of cad. She has hx of hypertension, hyperlipidemia, diabetes and anxiety. She reports having sharp chest pains with rest or exertion radiating through to her back causing left ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is being evaluated for hx of hypertension and suspected coronary artery disease. Pt complains of chest pain and dyspnea.; There has not been any treatment or conservative therapy.; chest pain sob

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Ms Reed is a very pleasant 59yo lady with significant history of HLD, presents from Dr. Lea's office for evaluation of palpitations and syncope. She reports that she recently had one episode of nighttime palpitations with associated substernal chest pain,; This study is being ordered for Vascular Disease.; Ms Reed is a very pleasant 59yo lady with significant history of HLD, presents from Dr. Lea's office for evaluation of palpitations and syncope. She reports that she recently had one episode of nighttime palpitations with associated substernal chest pain,; It is not known if there has been any treatment or conservative therapy.; Ms Reed is a very pleasant 59yo lady with significant history of HLD, presents from Dr. Lea's office for evaluation of palpitations and syncope. She reports that she recently had one episode of nighttime palpitations with associated substernal chest pain,

none; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; chest pain

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.

This a request for an echocardiogram.; This is a request for a 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

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.

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.

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.

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.

Radiology Services Denied Not Medically Necessary

Mr Rodrigues is a very pleasant 37year old gentleman, here today from Sherwood urgent care as a work in d/t being awakened with chest pain/pressure at 4:00am. Patient states he woke up at 2:00am sweating, no chest pain, walked around for a bit, went back ; This study is being ordered for Vascular Disease.; Mr Rodrigues is a very pleasant 37year old gentleman, here today from Sherwood urgent care as a work in d/t being awakened with chest pain/pressure at 4:00am. Patient states he woke up at 2:00am sweating, no chest pain, walked around for a bit, went back ; There has not been any treatment or conservative therapy.; Mr Rodrigues is a very pleasant 37year old gentleman, here today from Sherwood urgent care as a work in d/t being awakened with chest pain/pressure at 4:00am. Patient states he woke up at 2:00am sweating, no chest pain, walked around for a bit, went back

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Mr. Jones presents today with increasing symptoms of SOB with exertion, actually similar to symptoms a bit more than 2 years ago but worse in recent months. At that previous visit, he had a hypertensive response to exercise with SBP 240 mm Hg and Altace w; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mr. Jones presents today with increasing symptoms of SOB with exertion, actually similar to symptoms a bit more than 2 years ago but worse in recent months. At that previous visit, he had a hypertensive response to exercise with SBP 240 mm Hg and Altace w; It is not known if there has been any treatment or conservative therapy.; Mr. Jones presents today with increasing symptoms of SOB with exertion, actually similar to symptoms a bit more than 2 years ago but worse in recent months. At that previous visit, he had a hypertensive response to exercise with SBP 240 mm Hg and Altace w

none; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; chest pain

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.

; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

rule out MS and rule out Pathology; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; headache numbness face upper and lower extremities serve pain; medicine; blood work

This request is for 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.

visual changes and objects moving within the field of view (floaters). MRI of brain for acute loss of vision on left eye. vision changes. some floaters . would move with his eye. lasted about 5 hours . has not happened in one week. decreased vision on l; 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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

Candidate for epidural injections; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the right 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.

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.; Yes, the patient had six weeks of Chiropractic care related to this episode.

r/o 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.; weakness-limited use in the l arm; unable to work due to 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.

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.

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.

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.; Yes, the patient had six weeks of Chiropractic care related to this episode.

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.

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; 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.

This is a request for cervical spine MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Neurological deficits; 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.

Unknown; This study is being ordered for a neurological disorder.; September 2015; There has been treatment or conservative therapy.; Back pain radiating down right arm resulting in numbness and weakness in right arm.; Patient has had acupuncture, physical therapy and chiropractic care.

unknown; This study is being 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

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.

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.

Unknown; This study is being ordered for a neurological disorder.; September 2015; There has been treatment or conservative therapy.; Back pain radiating down right arm resulting in numbness and weakness in right arm.; Patient has had acupuncture, physical therapy and chiropractic care.

< 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

< 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 study is 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 >; ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Been in everyday since 10/30/2015; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

chiro care for 4 wks-- not getting better; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
patient had 2 wrecks and MDO has treated patient twice; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.

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

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

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

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 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

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures or bony abnormalities and limited ROM (decreased ROM with flexion and extension of the left wrist) and tenderness (lateral left hand and distal ; This study is being ordered for trauma or injury.; 10/30/15; There has been treatment or conservative therapy.; pain and swelling; OTC anti-inflammatories, wrist splint

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures or bony abnormalities and limited ROM (decreased ROM with flexion and extension of the left wrist) and tenderness (lateral left hand and distal ; This study is being ordered for trauma or injury.; 10/30/15; There has been treatment or conservative therapy.; pain and swelling; OTC anti-inflammatories, wrist splint

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."; clinicals bypassed

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.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.

This is a request for 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.

To rule out cartilage tears, bone tumors, ligament or tendon tears and infection.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; severe pain and inflammation; Chiropractic and Physical Therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2/2015; There has been treatment or conservative therapy.; WEAKNESS IN BOTH KNEES; PT 2 TIMES A WEEKS & INJECTIONS

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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.

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.

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.

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.

History of liver abscess, alcoholism. Pain in right mid to low abdomen.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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.

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

ONGOING MINDGRANGES HEACHECHE; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/27/2015; There has been treatment or conservative therapy.; mid-back and lower back pain; manipulation, mechanical traction,

Radiology Services Denied Not Medically Necessary

rule out MS and rule out Pathology; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; headache numbness face upper and lower extremities serve pain; medicine blood work

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/27/2015; There has been treatment or conservative therapy.; mid-back and lower back pain; manipulation, mechanical traction,

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

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mass on the liver /3/4/2013/; It is not known if there has been any treatment or conservative therapy.; mass on liver pain management /

Radiology Services Denied Not Medically Necessary

Duration of Symptoms: Start: 07/08/2015  Physical Exam Findings: Bilateral lumbar paraspinals and quadratus lumborum: tightness/taughtness. Palpation Findings: Restricted Motion was found in Bilateral L4, Bilateral L5, and Bilateral S1. LUMBAR PAIN 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 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.

Radiology Services Denied Not Medically Necessary

rule out MS and rule out Pathology; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; headache numbness face upper and lower extremities serve pain; medicine blood work

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.; November 2014; There has been treatment or conservative therapy.; Patient experiencing pain in lower back and direct pain in right hip. Also experiencing pain with all activity and during rest.; 6 weeks physical therapy plus 6 weeks of chiropractic care.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/21/15; There has been treatment or conservative therapy.; intense pain in the mid to lower back and pelvis on left side radiating around into the abdomen and swelling in left rib cage; chiropractic adjustment ultrasound tapping and electrical stem therapeutic massage

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.; November 2014; There has been treatment or conservative therapy.; Patient experiencing pain in lower back and direct pain in right hip. Also experiencing pain with all activity and during rest.; 6 weeks physical therapy plus 6 weeks of chiropractic care.

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. >

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.;

Radiology Services Denied Not Medically Necessary

Patient has had on going pain in the knee.; This is a request for a Knee MRI.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; No, there is no known trauma involving the knee.; Instability; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/21/15; There has been treatment or conservative therapy.; intense pain in the mid to lower back and pelvis on left side radiating around into the abdomen and swelling in left rib cage; chiropractic adjustment ultrasound tapping and electrical stem therapeutic massage

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mass on the liver /3/4/2013/; It is not known if there has been any treatment or conservative therapy.; mass on liver pain management /

colo rectal cancer already been established; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

; 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.

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

This request is for 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.

UNKNOWN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

The patient reports he has neck pain with electric shock like sensations from his neck down to his left arm and to the fingers, especially the medial three fingers.; "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

Ordering studies to determine tremor vs poss focal dystonia; This study is being ordered for a neurological disorder.; 4/2015; There has not been any treatment or conservative therapy.; Patient has shaking in both hands neck and right arm pain mildly radiates

"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.

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.

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.; 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.; 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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8 years ago; There has been treatment or conservative therapy.; back and hip/pelvis pain; pain medication, muscle relaxers, NSAIDs

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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/14/2015; There has been treatment or conservative therapy.; decreased range of motion, pain, numbness and tingling, muscle spasms. SI Joint dysfunction.; 12 weeks PT, medication, and time off from work.

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; back and neck pain, radiculopathy; pain medication, NSAIDs, back surgery 41 years ago

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain, radiculopathy; physical therapy, pain medications, muscle relaxers, NSAIDs

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDS, pain medication

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs, physical therapy

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, muscle relaxers, NSAIDs

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid back pain; physical therapy, pain medication, NSAIDs

; This study is 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 not been any treatment or conservative therapy.; neck and back pain

Ordering studies to determine tremor vs poss focal dystonia; This study is being ordered for a neurological disorder.; 4/2015; There has not been any treatment or conservative therapy.; Patient has shaking in both hands neck and right arm pain mildly radiates

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.

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.

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?

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.

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.

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.

This is a request for cervical 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.

This is a request for cervical 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.

This is a request for cervical 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.

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.;

weakness and swelling; This study is being ordered for trauma or injury.; 10/12/15;
There has been treatment or conservative therapy.; decrease ROM, numbness and
tingling down extremities and severe pain; PT 3x a week for 4 weeks, medications,
muscle relaxers and is getting worse

; This study is being ordered for a neurological disorder.; gradually over time; There
has been treatment or conservative therapy.; neck and mid back pain; physical
therapy, pain medication, NSAIDs

; This study is 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.;

; This study is 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 back pain; pain medication, muscle
relaxer, NSAIDs

; This study is being ordered for trauma or injury.; ; There has been treatment or
conservative therapy.;

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.;
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.

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.

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.

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.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Injection and PT are not effective; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/14/2015; There has been treatment or conservative therapy.; decreased range of motion, pain, numbness and tingling, muscle spasms. SI Joint dysfunction.; 12 weeks PT, medication, and time off from work. ; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; back and bilateral knee pain; pain medication, NSAIDs

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; back and neck pain, radiculopathy; pain medication, NSAIDs, back surgery 41 years ago

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain, radiculopathy; physical therapy, pain medications, muscle relaxers, NSAIDs

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDS, pain medication

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs, physical therapy

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, muscle relaxers, NSAIDs

; This study is 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.;

; This study is 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 not been any treatment or conservative therapy.; neck and back pain

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

Continued pain after 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.; 2/10/2015; There has been treatment or conservative therapy.; Radiating pain into arms and legs.; Anti-inflammatories, PT, rest and activity modification.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

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 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?

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

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

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

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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8 years ago; There has been treatment or conservative therapy.; back and hip/pelvis pain; pain medication, muscle relaxers, NSAIDs

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/2/2012; There has been treatment or conservative therapy.; mbr has numbness, tingling, decreased range of motion and spasms; medication and PT plus time off work

; This study is 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.;

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.

weakness and swelling; This study is being ordered for trauma or injury.; 10/12/15; There has been treatment or conservative therapy.; decrease ROM, numbness and tingling down extremities and severe pain; PT 3x a week for 4 weeks, medications, muscle relaxers and is getting worse

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; back and bilateral knee pain; pain medication, NSAIDs

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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.

; This study is being ordered for a neurological disorder.; 01/01/2005; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, chiropractor

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 01/01/2010; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 01/01/2014; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 08/01/2015; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain, radiculopathy; pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain, radiculopathy; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxer and physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is 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.; Right posterior shoulder pain, possible labral pathology with superimposed SA-SD bursitis   pain in right shoulder, posterior pain with impingement maneuvers.Dynamic labral shear test does reproduce a clicking and pain. radicular neck pain. ultrasoun

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2008; There has been treatment or conservative therapy.; neck and mid-back pain; pain medication, NSAIDS

Radiology Services Denied Not Medically Necessary

; This study is 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 back pain; pain medication, muscle relaxer, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is 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 not been any treatment or conservative therapy.; neck and back pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

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.

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>

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 01/01/2014; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 03/2014; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, NSAIDs, ibuprofen

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2008; There has been treatment or conservative therapy.; neck and mid-back pain; pain medication, NSAIDS

Radiology Services Denied Not Medically Necessary

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; numbness and tingling; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 01/01/2005; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, chiropractor

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 01/01/2010; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 01/01/2014; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 03/2014; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 08/01/2015; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, NSAIDs, ibuprofen

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain, radiculopathy; pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain, radiculopathy; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxer and physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is 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 not been any treatment or conservative therapy.; neck and back pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

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

Radiology Services Denied Not Medically Necessary

Unknown.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Ibuprofen,

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.; 9/2/2012; There has been treatment or conservative therapy.; mbr has numbness, tingling, decreased range of motion and spasms; medication and PT plus time off work

Radiology Services Denied Not Medically Necessary

; This study is 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.; Right posterior shoulder pain, possible labral pathology with superimposed SA-SD bursitis   pain in right shoulder, posterior pain with impingement maneuvers.Dynamic labral shear test does reproduce a clicking and pain. radicular neck pain. ultrasoun

Radiology Services Denied Not Medically Necessary

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.
family HISTORY OF MIGRAINES AND BRAIN TUMORS; 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."; The study is requested for headache.

None; This study is being ordered for trauma or injury.; 11-28-15; There has not been any treatment or conservative therapy.; Dizziness, headache, cervical spine tenderness.

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."; The study is requested for recent head trauma or injury.
This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.
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."; The study is requested for headache.

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."; The study is requested for headache.

WORST HEADACHE OF PATIENT LIFE BLURRY/GLAZY 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 vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

"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"

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.

< 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 results of the lab tests are unknown.; The patient is experiencing dizziness.

; This study is being ordered for trauma or injury.; Enter date of initial onset here -   03/18/2015; There has been treatment or conservative therapy.; ;

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.

"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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

PATIENT HAS COUGH FEVER FOR THREE CHEST XRAY SHOWS ABNORMAL WITH CT RECOMMENDED FOR FURTHER EVAL; "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.

Pt has wheezing, reported 25 pounds weight loss in past four months, and 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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pain in chest while breathing and when he coughs; "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.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;

None; This study is being ordered for trauma or injury.; 11-28-15; There has not been any treatment or conservative therapy.; Dizziness, headache, cervical spine tenderness.

patient was in an mva on 09/30/15. they have neck pain; 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 trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.

pt involved in MVA; pt has had x-ray that were abnormal; 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.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

< 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.

; This study is being ordered for trauma or injury.; Enter date of initial onset here -   03/18/2015; There has been treatment or conservative therapy.;;

tenderness and pain around L3 , THINK HE MAY have possible Transverse Myelitis or DISCITIS; This study is being ordered for a neurological disorder.; 9/27/2015; There has not been any treatment or conservative therapy.; numbness and tingling from his feet to his waste  both hands and fingers are numb

This is a request for cervical 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.

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.

tenderness and pain around L3 , THINK HE MAY have possible Transverse Myelitis or DISCITIS; This study is being ordered for a neurological disorder.; 9/27/2015; There has not been any treatment or conservative therapy.; numbness and tingling from his feet to his waste  both hands and fingers are numb

tenderness and pain around L3 , THINK HE MAY have possible Transverse Myelitis or DISCITIS; This study is being ordered for a neurological disorder.; 9/27/2015; There has not been any treatment or conservative therapy.; numbness and tingling from his feet to his waste  both hands and fingers are numb

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.

This is a request for a 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.

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.

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

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

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 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.

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.

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.

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.

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

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; abd pain,

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

This is a request for an abdomen-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.

; 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

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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

ophthalmologist wants her to have a ct exam; 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.

Radiology Services Denied Not Medically Necessary

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

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.

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.

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

Radiology Services Denied Not Medically Necessary

acute back pain w/ radiates down into right leg and buttocks; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

patient hurt back 3 weeks ago and his back pain is worsening; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

patient is having pain in the lower back and right hip; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient has had shoulder pain for 8 days. also has limited range of motion and swelling

Radiology Services Denied Not Medically Necessary

; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion

Radiology Services Denied Not Medically Necessary

(903) 614-2283; The patient's age is between 45 and 64.; 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).

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

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for post-operative evaluation.

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.

has a pituitary adenoma; h/a and blacking 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.

Patient diagnosed pituitary (2.6 cm) worsening headaches and blurred vision.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Patient has cancer to the bone and his brain !; 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.

testicular hypofunction.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

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.

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 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.

possible adreanal carcinoma,; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

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.

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.

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.

possible adreanal carcinoma;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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 abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

This is a request for Parathyroid SPECT imaging.; Hypercalcemia

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 Thyroid Cancer.; This would be the first PET Scan performed on this patient for this cancer.

This is a request for a 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 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.

< 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.

Radiology Services Denied Not Medically Necessary

Maria Roberts is a 56 year old African American female of low titer positive rheumatoid arthritis, constipation, and diabetes (managed with life style) who presents to clinic for evaluation of hypercalcemia.  Patient presents for history of hypercalcemi; 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.

Radiology Services Denied Not Medically Necessary

found on exam; 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.

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>

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

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.

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.

Patient continues to have dysphagia after an extensive work up including an EGD, CT soft tissue neck, swallow study, thyroid ultrasound, and an xray of her esophagus. All of which came back normal. Her TMJ specialists is recommending we get an MRI TMJ and; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2015; It is not known if there has been any treatment or conservative therapy.; Pharyngeal phase dysphagia/ Nausea

Biopsy positive for adenocarcinoma of the stomach on EGD, further evaluation for metastatic disease 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

collagenous colitis, colon polyps,; This study is being ordered for Inflammatory/ Infectious Disease.; 09/01/2015; There has been treatment or conservative therapy.; bloody diarrhea black tar stools; steroids, nsaid, advil, Colonoscopy

Patient has been experiencing severe chest pain that occurs constantly. Patient also admits to a history with the diagnosis of pleurisy as well. The goal is to rule out any infection or disease.; 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.

Pt has 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 physician is not a hematologist/ oncologist.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

To reassess the liver and the prior pulmonary nodule.; This study is being 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.; Abdominal Discomfort

History of abdominal CT 10/15/15 that was unremarkable; At the time of CT scan, he was having left side pain after lifting a box; Pain persisted and he went to the ED in October with same pain; CT AP performed then; Reports that he doesnt have the urge; This study is being ordered for Inflammatory/ Infectious Disease.; 09/08/2015; There has been treatment or conservative therapy.; LOWER ABDOMINAL PAIN AND CONSTIPATION; HAD CT ABD 10/15/15 THAT WAS UNREMARKABLE, WENT TO ED IN OCTOBER WITH SAME PAIN, HX OF DIVERTICULOSIS PER COLONOSCOPY RESULTS, MEDS

History of abdominal CT 10/15/15 that was unremarkable; At the time of CT scan, he was having left side pain after lifting a box; Pain persisted and he went to the ED in October with same pain; CT AP performed then; Reports that he doesn't have the urge; This study is being ordered for Inflammatory/ Infectious Disease.; 09/08/2015; There has been treatment or conservative therapy.; LOWER ABDOMINAL PAIN AND CONSTIPATION; HAD CT ABD 10/15/15 THAT WAS UNREMARKABLE, WENT TO ED IN OCTOBER WITH SAME PAIN, HX OF DIVERTICULOSIS PER COLONOSCOPY RESULTS, MEDS

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; unknown/first visit with this provider; It is not known if there has been any treatment or conservative therapy.; unknown

History of abdominal CT 10/15/15 that was unremarkable; At the time of CT scan, he was having left side pain after lifting a box; Pain persisted and he went to the ED in October with same pain; CT AP performed then; Reports that he doesn't have the urge; This study is being ordered for Inflammatory/ Infectious Disease.; 09/08/2015; There has been treatment or conservative therapy.; LOWER ABDOMINAL PAIN AND CONSTIPATION; HAD CT ABD 10/15/15 THAT WAS UNREMARKABLE, WENT TO ED IN OCTOBER WITH SAME PAIN, HX OF DIVERTICULOSIS PER COLONOSCOPY RESULTS, MEDS

< 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

Abd pain elevated liver enzymes 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

Abdomen CT triple phase being ordered to evaluate liver that was found to have a suspicious mass on ultrasound. Patient has a history of Hep C.; 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.

Biopsy positive for adenocarcinoma of the stomach on EGD, further evaluation for metastatic disease 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

COLITIS AND ADOMINAL 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

Elevated liver enzymes; Elevated liver enzymes with several risk factors to develop NASH/CASH including obesity, hypertension, undiagnosed dyslipidemia and also drug induced liver injury associated to tamoxifen. Regarding Tamoxifen therapy has been linked; 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

Pt had an abnormal CT, adenoma/left adrenal gland.; 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

Pt is having abd pain and swelling pt has hep c, dr wants to check liver for sclerosis; 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

Pt. is anemic. Having a GI hemorrhage. Tubular adenoma and signs of biliary obstruction found on US. 18LB weight loss in 3 mos.; 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

Screening for HCC; 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

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.

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.

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 is no known prostate cancer with a PSA 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.

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 is no known prostate cancer with a PSA 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.

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.

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.

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.

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.

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.

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

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.

To reassess the liver and the prior pulmonary nodule.; This study is being 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.; Abdominal Discomfort

This is a request for CT Angiography of the Abdomen and Pelvis.
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 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.

< 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.

< 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.

; 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.

; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

bloated, ruling out IBS, tender to touch; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

collagenous colitis, colon polyps;; This study is being ordered for Inflammatory/ Infectious Disease.; 09/01/2015; There has been treatment or conservative therapy.; bloody diarrhea black tar stools; steroids, nsaid, advil, Colonoscopy

Duration of Symptoms: Start: 12/01/2015   Physical Exam Findings: RUQ wall mass, tender to the touch S/P EGD and colonoscopy done 12/01/2015; This is a request for an abdomen-pelvis CT combination.; This study is being 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.
had a EGD that was inconclusive; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

luq and lluq pain; nausea; 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.

Mbr has severe abdominal pain that radiated into her legs, bloating, previous HX of Hysterectomy.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

ngoing abdominal pain for a year, chronic hepatitis C, unintentional weight loss of 15 pounds in the last, r/o gall bladder disease or gall 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.

Patient has had multiple abdominal surgeries. She has had chronic abdominal pain for several years. Possibly adhesions and scar tissue. Need CT to confirm or rule out any other abdominal condition.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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.

patient has known Crohn's diseaseMD wants to rule out small bowel obstruction; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

Pt has 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 physician is not a hematologist/ oncologist.

pt. having severe abdominal pain, unexplained weight loss, nausea and vomiting, trying to rule out appendicitis, gall bladder or any type of diverticulitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

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.

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.; It is not known if there is an 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.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.; n/a

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

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

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other

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

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;

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>

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; change in bowel habits, abdominal pain, weight loss

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 lower quadrant pain, with pubic tenderness

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; Constitutional: Constitutional: no night sweats and weight loss (30 lbs).    ENMT: Mouth/Throat: no sore throat or difficulty swallowing (dysphagia).    Cardiovascular: Cardiovascular: no chest pain.    Respiratory: Respiratory: no cough or sp

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; diarrhea for 9 months, lower left quad pain not relieved by bowel movements

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; gastric ulcer and pyloric ulcer and trying to see what's causing pelvic pain

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; Has a back ground of HTN AND GERD did recent colonoscopy and EGD WITH BIOPSY which gives the appearance of portal hypertensive gastropathy; will do CT TO LOOK FOR LIVER DISEASE ANOT EXCLUDING SCLEROSIS patient is very concerned BE; for bother died of colo

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; Hx of Diverticulitis abd pain diarrhea

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 hernia

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 admits to severe abdominal pain and tenderness. Patient has a personal history of colon cancer and colon resection.

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 complaining of left quad pain trying to r/o diverticulitis left lower tenderness, diarrhea

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 abdominal pain

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 abd pain, change in bowel habits, nausea, vomiting, had gallbladder removed but still having symptoms; Doctor trying to r/o Colitis or IBS

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

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 by caller

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; US suggested renal lesion, possible hydronephrosis, etc. Need CT to further investigate.

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

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

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 not known if there has been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.; patient had a pill cam and colonoscopy, patient has iron deficiency anemia

THIS PATIENT IS HAVING ABDOMINAL PAIN IN ALL 4 QUADRANTS BUT MOST PROMINENT IN THE LUQ. SHE IS ALSO HAVING A CHANGE IN BOWEL HABBIT. A COLONOSCOPY WAS PREFORMED BUT WAS NON DIAGNOSTIC.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

we saw pt for the first time 12-15-15 - she has been previously seeing her PCP for this issue who referred her to GI for further work-up; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; unknown/first visit with this provider; It is not known if there has been any treatment or conservative therapy.; unknown ; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.

none; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.

This 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.";

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. >

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."; Duration of Symptoms: Start: 05/21/2015   Physical Exam Findings: Acute pancreatitis at the time of previous MRCP 5-21-15  Preliminary Procedures  Already Completed: Procedure Date: 05/21/2015; Abnormal MRCP for pancreatitis revealed

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."; Hemochromatosis

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."; History of Pancreatitis.

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."; Impression: 1. Enlarged common duct measuring 6.8 mm which tapers gradually to the pancreatic head level. Consider ERCP versus MRI with MRCP to exclude intraductal lesion. 2. Right kidney is larger than the left. No gross mass or cystic change seen. Thi

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; None

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."; Other acute pancreatitis,Pseudocyst of pancreas pt has abd pain

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Patient has chronic pancreatitis

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Patient has known Chron's Disease and she's having severe pain and diarrhea

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Patient is having persistant nausea post cholecystectomy. Dr is concerned it is biliary in nature

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."; right side abdominal pain, and periumbilical pain, mild to severe, medication not helping, started in March of 2015, gallbladder has been removed,

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."; < Enter answer here - or Type In Unknown If No Info Given. >

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 4 or more follow-up abdomen MRIs.; The last abdomen MRI was performed more than 6 months ago.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient with diagnosis of hepatocellular carcinoma at the time of receiving a liver transplant. Imaaging is done yearly to evluate for reoccurrence of tumor.

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."; Having problems with nausea, vomiting, and diarrhea.

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.

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.";

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."; Chills, diarrhea and weight loss, localized edema, abnormal blood chemistry.

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.; ABNORMAL ULTRASOUND LIVER CYST,WEIGHT LOSS AND LIVER LABS
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 has 3 nodules in the left flank area, altered bowel habits, abdominal bloating, acute diarrhea, nausea and vomiting; this is for further evaluation of the pancreas and bile ducts

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 Hepatomegaly and NASH. Possible early Cirrhosis. This is a follow-up exam from 7-2014 MRI exam

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";

This 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."; 04/23/2015 MRI that showed mass

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 . cyst on liver , nodularity involving the omentum and mesentery of upper abdomen measuring up to 9 ml

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 came back negative; Evaluate for tumor

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."; History of Present Illness: 1. Melena He is here for followup. From the emergency room after presenting there with a week of melena. He was originally having 2-3 melanic stools daily but this has decreased to once every other day. He is only havin

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; MULTIPLE CT SCAN INDICATED ABNORMAL LIVER LESIONS AS WELL AS POSSIBLE HEMANGIOMA.

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 ultrasound of abdomen and a suspicious lesion on her liver and we need MRI of abd w/ and w/out contrast to evaluate this lesion per radiologist. Patient is having left upper quadrant pain and tenderness.

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 recently had a CT which findings were normal. Pt continues to have an elevated CA 19-9 with abd pain and ascites and physician wants to look further to rule out suspicious mass

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 showed liver lesions, MRI results done 3 months ago showed 7 areas of arterial enhancements demonstrate restricted diffusion within the liver, follow up in 3 months

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."; past history of ovarian cancer, R lobe of liver lesion

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 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.; active colitis , anti tnf agent, request before they put on humara

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.; HX of cirrhosis w/liver lesions

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; patient had 11/3/2015 Ct for fatty liver and left density quadrant which may represent splenic aneurysm less like pancreatic or splenic liaisons 1.5cm recommend an MRI to follow on the area.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

abd pain; 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.

Diagnostic. The previous study could not be completed because of torturous colon/blockage. Couldn't get the scope all the way around; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.

It is not known if this patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This patient has not undergone an attempted but incomplete conventional colonoscopy.; This patient does not have a known obstructing colorectal cancer.; The member had colon screening studies completed prior to this request.

one was tried and an obstacle was in the way and it was not completed so this case is being ordered; 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.

Pt. could not complete conventional colonoscopy-heart rate dropped to 40's.; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.

This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has not undergone an attempted but incomplete conventional colonoscopy.; This patient does not have a known obstructing colorectal cancer.; The member had colon screening studies completed prior to this request.

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.

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 a request for an echocardiogram.; 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.

.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.
; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/09/15; There has not been any treatment or conservative therapy.;

Diagnostic to verify pancreatic stricture prior to ERCP if needed.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

n/a; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Patient had her gallbladder removed in years ago, but is present today with signs gallbladder disease symptoms. MRCP being ordered to check for a stone in bile duct; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Patient is having RUQ pain which becomes worse after eating. She has a 25 lb weight loss over the last 3 months. Has history of elevated LFT's. Had recent EGD that showed hiatal hernia and Z-line irregular otherwise normal. Also, had recent liver biopsy th; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Pt having RUQ pain - had recent US of Liver that showed dilated common bile duct; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

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.

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.

Unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Patient continues to have dysphagia after an extensive work up including an EGD, CT soft tissue neck, swallow study, thyroid ultrasound, and an xray of her esophagus. All of which came back normal. Her TMJ specialists is recommending we get an MRI TMJ and; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2015; It is not known if there has been any treatment or conservative therapy.; Pharyngeal phase dysphagia/ Nausea & 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.

pt is having recurring hiccups and no hiatal hernia or gastric volvulus found on EGD yesterday. wanting to r/o any underlying 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 physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

K76.89 (ICD-10-CM) - 573.8 (ICD-9-CM) - Liver cyst; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

pt is having recurring hiccups and no hiatal hernia or gastric volvulus found on EGD yesterday. wanting to r/o any underlying 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 physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

This is for HEPatitis C, abnormal liver function weight gain easy bruising , back 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

Radiology Services Denied Not Medically Necessary

This is a request for CT Angiography of the Abdomen and Pelvis.

Radiology Services Denied Not Medically Necessary

; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

Radiology Services Denied Not Medically Necessary

Further diagnostic evaluation, rule out origin of the pain.; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.

Radiology Services Denied Not Medically Necessary

tenderness weight loss vomiting and nausea; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

Radiology Services Denied Not Medically Necessary

the patient is having pain; 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.

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;

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>

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; HISTORY OF RLQ ABDOMINAL PAIN AND LOWER RIGH-SIDED PAIN, POSSIBLE IRRITABLE BOWEL SYNDROME

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 IS HAVING ABDOMINAL PAIN , VOMITING , NAUSEA, R/O COLITIS OR INFLAMMATORY BOWEL DISEASE

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 hep c, diabetes, hypertension.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/09/15; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is no ultrasound or plain film evidence of an abdominal organ enlargement.; Organ enlargement found on CT. MRI in June recommended follow up because of cirrhosis and spleen enlargement.

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.;

Radiology Services Denied Not Medically Necessary

Abnormal Colonoscopy found diverticulitis and hemorrhoids on April 21 2015; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.

Radiology Services Denied Not Medically Necessary

This is a request for CT Colonoscopy for screening purposes only.

Radiology Services Denied Not Medically Necessary

Patient currently being evaluated for a liver transplant and recently had an inclusive DSE due to not reaching peak MPR. Patient has cardiac risk factors for major surgery.; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

Patient is being evaluated for a liver transplant. Patient experienced exertional chest pain during a stress test as part of her liver txp evaluation.; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

Pt is currently being evaluated for liver transplant. Imaging is part of transplant protocol.; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the abdominal arteries.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.

Radiology Services Denied Not Medically Necessary

; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

< 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."; The study is requested for recent head trauma or injury.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

< 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."; The study is requested for 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.; 11/2015; There has been treatment or conservative therapy.; headaches worsening-fatigue coughing blood; medications inhaler-advil-

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/072015; It is not known if there has been any treatment or conservative therapy.; dizziness/headache/ low BP/ fatigue

; 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."; The study is requested for recent head trauma or injury.

; 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 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.

; 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."; The study is requested for headache.

abnormal gait and mobility numbness and weakness on left side; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

bilateral upper extremity and facial transient paraesthesia; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Chronic headache for 12 months. Intermittent. Severe.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

dizziness x 5 years; failed meclizine; r/o bleeding vs questionable mass; can't have MRI due to metal in stomach; This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is not a evaluation for a bone tumor or abnormality of the skull.; The study is requested for known or suspected brain tumor, mass or cancer.

dizziness, abnormal gait; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Domestic Abuse injury; This study is being ordered for trauma or injury.; 12/18/2015; There has been treatment or conservative therapy.; Blurred Vision, Epistaxis, Left Eye Contusion, Facial Pain; tramadol for pain; amoxicillin for possible sinusitis ear pain, left sided throat sore, neck and shoulder sore, body aches; 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."; The study is requested for headache.

facial trauma hit in head w/ board; 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.

given his history of atrial fib, diabetes and recent syncopeal episode I feel it necessary to run these tests to evaluate his symptoms; This study is being ordered for a neurological disorder.; 11/29/15; There has been treatment or conservative therapy.; syncope, lightheadness; diabetic patient is already on blood thinner therapy and has been for over a year

HA; 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."; The study is requested for headache.

Had syncope, dizziness, passed out several times over the last week, gets real dizzy and nauseated right before she passes out.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Headache - General   Reported by patient.  Location: band around head  Quality: not the worst headache ever; similar to previous headaches  Severity: % moderate  Duration: intermittent  Onset/Timing: better over time  Associated Symptoms: no nausea; 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. known; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.
memory impairment; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

memory loss and 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."; The study is requested for headache.
Memory loss; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

migraines; 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."; The study is requested for headache.

Ms. Shockey is a 25 yo right handed lady who presents for multiple complaints. Her most concerning problems started in Januray, 2015. She was at work and went to pick up a box off of the floor and got "stuck" because her whole body "froze and locked up ; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

MVA yesterday with HA since accident; 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."; The study is requested for recent head trauma or injury.

none.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

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."; The study is requested for headache.

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/3/2015; There has been treatment or conservative therapy.; Pt has headaches that are worsening. intense nausea and vomiting.; Medications , steroids

None; This study is being ordered for trauma or injury.; 11/04/2015; There has been treatment or conservative therapy.; syncope, visual disturbance, swelling/pulling of blood above left eye; medication and ice packs

numbness on left side and dizziness, r/o CVA; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Patient does have an indent in her forehead; 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."; The study is requested for recent head trauma or injury.

Patient experiencing confusion; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

Patient has diagnosis of breast cancer. Doctor has ordered brain CT and chest CT to rule out cancer as there is a family history.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

patient having trimmers and headaches; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; 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.

Patient is suffering from increased headaches, not responding to pain meds, mostly in the back of the head for the past two weeks. Patient has had Lumbar Punctures which have had limited effect but have not removed head pain.; 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."; The study is requested for headache.

patient presents for recurrent headaches last several days at a time. patient has a personal history 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.

Patient seen for evaluation of recurrent headaches. Patient indicates they are in the right temple area with blurry vision. This has been going on for several years. A lot of his headaches were thought to be related to sinusitis. While on antibiotics h; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

patient vomiting, dizziness; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Patient woke up with double vision, went to the eye doctor and noticed she was not speaking correctly. Eye doctor told her he thought she had a stroke. Weakness and fatigue, and bad headaches.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.

presents with frontal and maxillary sinus pressure/discomfort and headache. no significant drainage however symptoms completely alleviated after taking sudafed. Past sinus infections have presented without rhinorrhea. antibiotics prescribed. patient pres; 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."; The study is requested for headache.

Pt had a closed head injury with HA's & nausea; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

pt has a history of high blood pressure & heart rate is racing the left side of her face is tingling will lose use of left arm; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Pt has headache also and hx of seizures; 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."; The study is requested for recent head trauma or injury.

Pt has history of closed head injury with LOC. Pt continues to have more confusion, loss of memory, decreased concentration, insomnia, and personality changes.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Pt is complaining of filling full. Pt was diagnosed with scleroderma; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Pt is having numbness of her entire R side of her body. Facial numbness, R side of her back, R arm, R leg x 1 week; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Pt. had MVA-has been having reoccurring h/a's since then.; 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.

rule out possibility of a brain tumor b/c of her history and the chronic continuous olfactory hallucinations not related to migraine; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; Sinusitis, Olfactory hallucinations, Migraine, TIA, memory changes; She has taken Bactrim and was referred to ENT. ENT said that her olfactory hallucinations were from a frontal lobe issue. She has had a history of migraines that have returning recently. She had memory issues with one last week.

seizure activity; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

sudden onset of symptoms post injury, symptoms slurred speech, pt stumbling, pain; This study is being ordered for trauma or injury.; 12/05/2015; There has not been any treatment or conservative therapy.; slurred speech, neck pain, headache, feeling of stumbling when walking

the patient us having headaches and memory lost; 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."; The study is requested for headache.

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."; The study is requested for recent head trauma or injury.

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.

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.

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.

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.
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.

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.

This is a request for a brain/head CT.; The study is requested for history of stroke, (CVA) known or follow-up.

This is a request for a brain/head CT.; The study is requested for Hydrocephalus or congenital abnormality.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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."; The study is requested for headache.

This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is a evaluation for a bone tumor or abnormality of the skull.; The study is requested for known or suspected brain tumor, mass or cancer.

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."; The study is requested for headache.

Tremors and shaking in the hands; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Unknown; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

unknown; This study is being ordered for trauma or injury.; 1999; There has been treatment or conservative therapy.; Headaches since fall into glass table in 1999.; Home exercise, non refilled narcotic medicine.

vision changes, dizziness; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

worse headache of the patients life; 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."; The study is requested for headache.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct";
"There is a history of serious head or skull, trauma or injury.ostct"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is not suspicion of bone infection, cholesteoma, 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"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"

Domestic Abuse injury; This study is being ordered for trauma or injury.; 12/18/2015;
There has been treatment or conservative therapy.; Blurred Vision, Epistaxis, Left Eye
Contusion, Facial Pain; tramadol for pain; amoxicillin for possible sinusitis
None; This study is being ordered for trauma or injury.; 11/04/2015; There has been
treatment or conservative therapy.; syncope, visual disturbance, swelling/pulling of
blood above left eye; medication and ice packs

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial
bone or skull, trauma or injury.fct"

"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"

"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"

< 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 (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

< 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)

< 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 unknown.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Patient is having unrelieved recurrent sinusitis.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.

; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment

; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset

; 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

; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset

; 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.

Having severe headaches, sinus congestion, failed medical therapies.; 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

Here for follow up. Had R Max Sinusitis. Treated with Levaquin. Sinus XRays sig for R Max Opacification. .; 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 imaging due to injury to the face; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.

MEM ON STEROIDS; 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)

none; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The time since onset is unknown

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/3/2015; There has been treatment or conservative therapy.; Pt has headaches that are worsening. intense nausea and vomiting.; Medications , steroids

Pain in head noted. Onset was more than 12 months ago. The pain is diffuse with no specific location. She characterizes it as moderate in severity, squeezing, and Pressure, pin-point like areas.. Associated symptoms include vision disturbance (blurry vis; 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.

pt got hit in the face with a metal cable; "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.

radiologist suggested a ct because of sinus density didn't like what he was seeing.; 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.

This study is being ordered for pre-operative evaluation.; This is a request for a Sinus 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)

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)

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

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)

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)

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 (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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8 days; There has been treatment or conservative therapy.; Enlarged lymph nodes, painful swallowing, rapid weightloss, trying to rule out cancer; Antibiotics

Check the size of the 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 been examined twice at least 30 days apart.; The lump got smaller.

pt night sweats, chills, dizziness, sleeping difficulties and swelling; 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.

R/O tonsillar abscess; 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.

SORE THROAT SHORTNESS OF BREATH AND WHEEZING CHEST PAIN NORMAL RATE BUT INCREASED EFFORT NOTED. INSP AND EXP WHEEZING DIFFUSELY AND ABLE TO HEAR IT LOUDER OVER TRACHEA AFTER NED SILL INSP WHEEZING BUT EXP WHEEZING RESOLVED; This study is being ordered for Inflammatory/ Infectious Disease.; 10-15-2015; There has been treatment or conservative therapy.; SOB WHEEZING SORE THROAT AND CHEST PAIN; NEBULIZER

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.

This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.

This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

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.

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.

unknown; This study is being ordered for trauma or injury.; 1999; There has been treatment or conservative therapy.; Headaches since fall into glass table in 1999.; Home exercise, non refilled narcotic medicine.

we would like to see if her thyroid has gotten any bigger.; This study is 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 been having problems with her thyroid prior to 4/22/15. pt she has gotten worse.; There has been treatment or conservative therapy.; pt has been having behavior difficulties, hair loss, and severe fatigue, difficulty swallowing; pt has been placed on thyroid medication for treatment.

will fax clinicals; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/13/2015; There has been treatment or conservative therapy.; headaches, facial numbness and tingling, diagnosis with the 100% blockage in the past, has a history of it; has had a constant headache for 3 weeks; been to the er, took hydrocodone, antibiotics, blood pressure medication, takes a aspirin daily, cholesterol medication

Dr wants to check for vascular etiology of headaches and dizziness; This study is being ordered for Vascular Disease.; 06/01/2015; There has been treatment or conservative therapy.; Migraines, severe dizziness; Pt sees a neurologist who put her on Relpax and Topamax which helped her headaches but she still gets off balance and has episodes of dizziness

history of CAD with stent placement  recent history of transient global amnesia 9/28/2015 request for eval of carotid arteries and intracerebral arteries negative CT/MRI of brain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/28/2015; It is not known if there has been any treatment or conservative therapy.; transient amnesia 6 hr long, presented to ER, negative head CT and MRI for any CVA/TIA

known aneurysm seen on MRI/MRA brain; need CTA brain and CTA neck for further 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.; end of Oct- being of Nov; It is not known if there has been any treatment or conservative therapy.; c/o headaches/ neck pain

Yes, this is a request for CT Angiography of the brain.

Dr wants to check for vascular etiology of headaches and dizziness; This study is being ordered for Vascular Disease.; 06/01/2015; There has been treatment or conservative therapy.; Migraines, severe dizziness; Pt sees a neurologist who put her on Relpax and Topamax which helped her headaches but she still gets off balance and has episodes of dizziness

history of CAD with stent placement; recent history of transient global amnesia 9/28/2015; request for eval of carotid arteries and intracerebral arteries; negative CT/MRI of brain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/28/2015; It is not known if there has been any treatment or conservative therapy.; transient amnesia 6 hr long, presented to ER, negative head CT and MRI for any CVA/TIA

known aneurysm seen on MRI/MRA brain; need CTA brain and CTA neck for further 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.; end of Oct- being of Nov; It is not known if there has been any treatment or conservative therapy.; c/o headaches/ neck pain

Yes, this is a request for CT Angiography of the Neck.

"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis

"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.; 11/12/2015; There has not been any treatment or conservative therapy.; neck pain

1. eye issue  The symptoms are reported as being moderate. The symptoms occur constantly. He states the symptoms are acute and have improved. Pt was seen at The Eye Center early this week following problems of blurred vision. Upon exam with dilated p; This study is being ordered for Inflammatory/ Infectious Disease.; 10/25/2015; There has not been any treatment or conservative therapy.; BLURRED VISION

Abnormal cervical spine at C5-6. Correlation of MRI of cervical spine.; "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

He bumped heads with someone and injured his jaw; This study is being ordered for trauma or injury.; 10/2015; There has been treatment or conservative therapy.; Jaw pain, limited range of motion, swelling and tenderness (left side of the jaw); Anti inflammatory medication

The symptoms occur constantly. Associated symptoms include: swelling, sharp/aching pain, pressure. Patient states symptoms are acute & have worsened. Patient radiates from site to right ear down right side of jaw & neck; This study is being ordered for trauma or injury.; 11/9/2015; There has been treatment or conservative therapy.; The symptoms occur constantly. Associated symptoms include: swelling, sharp/aching pain, pressure. Patient states symptoms are acute & have worsened. Patient radiates from site to right ear down right side of jaw & neck; Warm compresses as needed Take medication as prescribed Follow up with primary dentist Steroid injection given, antibiotics (AMOXICILLIN 500 mg) prescribed, hydrocodone 7.5 mg acetaminophen 325 mg tablet. Patient is compliant, has been seen the foll

unequal pupils, blurry vision with flashes of light; This study is being ordered for a neurological disorder.; 7-30-15; There has not been any treatment or conservative therapy.; vision changes, flashes of light, blurry type area in right eye and c/o sparks in her vision. anisocoria

Unknown; This study is being ordered for a neurological disorder.; 11/23/2015; There has not been any treatment or conservative therapy.; Patient is experiencing smudge like vision. Decreased vision and color, closes good eye (right) black silhouette. No pain in eye; several eye exam. Patient might have MS or optic neuritis. Eye doctor recommended the visit; visual changes.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/13/2015; There has been treatment or conservative therapy.; headaches, facial numbness and tingling, diagnosis with the 100% blockage in the past, has a history of it; has had a constant headache for 3 weeks; been to the er, took hydrocodone, antibiotics, blood pressure medication, takes a aspirin daily, cholesterol medication

.Ms. Beebe is a 48 yo right handed lady who presents for evaluation of a long history of headaches, dating back to 2005 as well as numbness and tingling in the RUE and RLE. The symptoms have been worsening over the last 6 months. She was diagnosed with ; This study is 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. Beebe is a 48 yo right handed lady who presents for evaluation of a long history of headaches, dating back to 2005 as well as numbness and tingling in the RUE and RLE. The symptoms have been worsening over the last 6 months.; There has been treatment or conservative therapy.; Ms. Beebe is a 48 yo right handed lady who presents for evaluation of a long history of headaches, dating back to 2005 as well as numbness and tingling in the RUE and RLE. The symptoms have been worsening over the last 6 months. She was diagnosed with T; Gabapentin has been helpful until recently. She has been on the same dose since she started the medication. She has been falling more recently because of inability to judge distance. She has seen her eye doctor recently and has new glasses but they ha ; This study is being ordered for Vascular Disease.; 10/17/15; There has been treatment or conservative therapy.; headache with exertional activity; pain med and antiinflammatory

Ocular Migraines and visual disturbances during migraines.; This study is being ordered for a neurological disorder.; Ms. Crosby is a right handed lady who presents for evaluation of multiple complaints. She has a 6-8 month history of many neurologic complaints that are proressively worsening over ther last few months. The first symptoms she noticed was having difficul; It is not known if there has been any treatment or conservative therapy.; Ms. Crosby is a right handed lady who presents for evaluation of multiple complaints. She has a 6-8 month history of many neurologic complaints that are proressively worsening over ther last few months. The first symptoms she noticed was having difficul

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.

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.

There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; 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."

This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.

The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.

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.

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.

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."

This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/09/15; There has been treatment or conservative therapy.; Pt suffers from right arm numbness, hypertension and hypotension.; Medication; carotid doplar; Pt has different blood pressure reading in arms: Left reading high and right reading low.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; 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).

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

< 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).

< 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)

< 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.

< 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).

< 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.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.;; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/13/2015; There has been treatment or conservative therapy.; headaches, facial numbness and tingling, diagnosis with the 100% blockage in the past, has a history of it; has had a constant headache for 3 weeks; been to the er, took hydrocodone, antibiotics, blood pressure medication, takes a aspirin daily, cholesterol medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/13/2015; There has been treatment or conservative therapy.; double vision, syncope episodes; Eye patch over the left eye, rested over the weekend

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/21/2015; There has been treatment or conservative therapy.; facial arm numbness, headaches and visual disturbances; Medications and therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/26/15; There has not been any treatment or conservative therapy.; - Fractured neck with radiculopathy, numbness and weakness on the L side

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/18/15; There has been treatment or conservative therapy.; Can't turn neck without pain Reoccurring headaches; At home exercise Flexeril, Percocet, Soma, Topamax

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/2015; There has not been any treatment or conservative therapy.; headaches muscle weakness dizziness nausea neck pain unsteady gait.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Since 2013; There has been treatment or conservative therapy.; Headaches, right arm numbness, neuropathy, neck pain; Medications

< 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.; BLURRED VISION, PAIN & GOES TIN TO BOTH ARMS & HANDS & NUMBNESS; PT, MEDICATIONS, CHIROPRACTIC

.Ms. Beebe is a 48 yo right handed lady who presents for evaluation of a long history of headaches, dating back to 2005 as well as numbness and tingling in the RUE and RLE. The symptoms have been worsening over the last 6 months. She was diagnosed with ; This study is 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. Beebe is a 48 yo right handed lady who presents for evaluation of a long history of headaches, dating back to 2005 as well as numbness and tingling in the RUE and RLE. The symptoms have been worsening over the last 6 months.; There has been treatment or conservative therapy.; Ms. Beebe is a 48 yo right handed lady who presents for evaluation of a long history of headaches, dating back to 2005 as well as numbness and tingling in the RUE and RLE. The symptoms have been worsening over the last 6 months. She was diagnosed with T; Gabapentin has been helpful until recently. She has been on the same dose since she started the medication. She has been falling more recently because of inability to judge distance. She has seen her eye doctor recently and has new glasses but they ha

; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown if there has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).

; This 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).

; This request is for 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 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).

; 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.

; This 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 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.

; 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 not 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.

; This request is for a Brain MRI; The study is 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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

; 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.

; 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).

; 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.

; This study is being ordered for a neurological disorder.; brain lesions appeared in MRI that was done in 2014. Numbness in hands started in March 2015.; There has been treatment or conservative therapy.; abnormal nerve conduction study showing upper motor neuron lesion causing numbness in 4th and 5th digit of R hand. Patient states it feels like pins and needles.; Patient has been on steroids. The symptoms are worsening with rapid onset.

; This study is being ordered for Inflammatory/ Infectious Disease.; May 2015; There has been treatment or conservative therapy.; muscle weakness, urinary incontinence, headache; medications

; This study is being ordered for Vascular Disease.; 10/17/15; There has been treatment or conservative therapy.; headache with exertional activity; pain med and antiinflammatory

1. eye issue  The symptoms are reported as being moderate. The symptoms occur constantly. He states the symptoms are acute and have improved. Pt was seen at The Eye Center early this week following problems of blurred vision. Upon exam with dilated p; This study is being ordered for Inflammatory/ Infectious Disease.; 10/25/2015; There has not been any treatment or conservative therapy.; BLURRED VISION

1. Musculoskeletal pain  Onset: 6 days ago. It occurs intermittently. The pain is aching. There are no aggravating factors. There are no relieving factors. Associated symptoms include joint tenderness and numbness. Pertinent negatives include diff; 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.

ABNORMAL EEG; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.

Along with other reason listed,pt had an episode a few days prior of memory loss,where he wanted to write something down but he couldn't remember how; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Ataxia Dementia and vision loss, unable to walk; 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.

Chronic condition they have had for some time, take and tolerate medication without difficulty for this, dull, sharp non radiating and located in the frontal and occipital region and migraine medication has not improved this.; This request is for 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).

CHRONIC HEADACHE WITH A FAMILY HISTORY OF BRAIN 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.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

chronic migraines with galactorrhea; This request is for 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).

DX with benign pituitary that has not been checked since childhood... increased headaches and precocious puberty; 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.

Elevated prolactin lab; Bilateral nipple discharge; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

Enter answer here - or Type In Unknown If No Info Given; . noted to have a nonrecent stroke on CT of brain; 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).

FOOT DROP; 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.

Had abnormal brain MRI-radiologist suggests pt needs pituitary MRI with contrast & sequential sequences.; 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.

having daily HA, sometimes for a few hours, sometimes all day long. Headache is "all over" She is worried because mother had a pituitary tumor at the age of 23. She did go to eye doctor and has ordered new glasses, was told her vision did not change much; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

head injury from falling off chair , mild concussion , headache , some 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.

HEADACHE, ABNORMAL BRAIN SCAN; This 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).

headaches over a month. trouble sleeping; This request is for 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).

Hx of Arnold chiari malformation and new onset 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.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

HYPO GONADISM; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; It is not known if an operation for shunt placement (for brain fluid drainage) is being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.

involuntary 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.; 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.

Lab results are pending. Patient c/o shaking in arms and legs with episodes lasting about an hour. These episodes occur 1-2 times a month and have been going on for about a year. was unable to work last weekend due to this; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

light headed, off balance, vision change, ringing in ears, balance disorder, vertigo, weight loss, still having problems; 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.

looking for new lesions; This study is being ordered for a neurological disorder.; 12/28/15; There has been treatment or conservative therapy.; foot drop, parasthesia in bilateral extremities, problems swallowing; Pt has had MS for 5 years...on weekly Avonex injections

MEMORY EVALUATION DUE TO MEMORY LOSS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

metastatic colon cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

migraines; 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.

MVA, recurring head from trauma to her head.; This request is for 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).

New onset of dizziness, lightheadedness, numbness and tingling in one arm. Need MRI to evaluate for possible MS, or mass lesion, etc. Need to evaluate this as soon as possible for treatment.; 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.

No clinicals available; 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.

no other info given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has not been any treatment or conservative therapy.; PT is experiencing Headache, visual disturbances, and Light and motion sensitivity.

none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is 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)

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.

none; 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).

none; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; 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.

Ocular Migraines and visual disturbances during migraines.; This study is being ordered for a neurological disorder.; Ms. Crosby is a right handed lady who presents for evaluation of multiple complaints. She has a 6-8 month history of many neurologic complaints that are progressively worsening over the last few months. The first symptoms she noticed was having difficulty; It is not known if there has been any treatment or conservative therapy.; Ms. Crosby is a right handed lady who presents for evaluation of multiple complaints. She has a 6-8 month history of many neurologic complaints that are progressively worsening over the last few months. The first symptoms she noticed was having difficulty

Pain with turning left eye; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Patient came to office today with complaints of left arm numbness, tingling and also complaints of dizziness. Left side of face is numb and patient is unable to lift left arm. MD requests this procedure STAT TODAY!!!! This will rule out TIA; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

Patient complaining of dizziness, been going on for 2 months, tried medications and nothing is helping.; This request is for 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).

Patient describes a band around her head. Severe HA that has been going on for several months. Conservative medications have not improved symptoms and previous CT was 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.; 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).

Patient had an abnormal CT of the head 8/27/2015 for headache and it showed High remote right parietal CVA.; 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).

Patient had an MRI in 2013 showing impression of very subtle area in the left cerebellum consistent with a small, enhancing meningioma that is 8x6mm. Please approve this MRI so that we can see if this has changed.; 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.

Patient has been having a headache, dizziness, and Syncore for more than a month we need to get an MRI to see what is going on; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Patient has been having moments of confusion and mixing up every day words; ex. knife for scissors; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

patient has been having moments of memory loss, blank stares, sudden confusion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.

patient has passed out on 2 different occasions; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing dizziness.

patient has recurring headaches. she rates her pain 7/10.; This 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). patient having recurring severe headaches with ptosis bilaterally.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Patient is referred to neurology for seizure activity. Has had a MRI performed two years ago, we do not have these results.; 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.

Patient presents for follow up HEADACHES . Last visit was 3 month ago. Symptoms WITH NOIMPROVEMENT. Persistent symptoms include: still having headaches daily Patient DID take all of prescribed medications but pt states medication did not help.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Patient was hit in the head. Went to Er. dx w/concussion. had Ct scan. Presented 5 days later still c/o headache. needs mri for further 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.

Patient was in an accident where he was hit by a train in 1993. Patient has been hit in the head by a baseball bat in the past as well. Evidence of the head injury, old scar to left side of head. Skull tenderness to left temple area and vision changes.; This 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).

Patient was referred to a pediatric endocrinologist and this doctor has requested this MRI of brain/pituitary; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.

patient was seen at arkansas childrens hospital for years due to diagnosis. unfortunately she has gotten to the age where she can no longer be seen at that facilities. we are unsure when her last mri took place at ACH. this is a new onset seizure that need; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.

patient with dizziness, slurred speech, cannot use right arm, possible stroke; 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).

patient with persistent headache waking up from sleep.; 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.

Pt had a fall and had a mri of the lumbar spine. One that study was done they found an abnormality and are wanting to evaluate with an MRI of the brain as well.; 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.; It is not known when the recent trauma or injury to the head occurred.

PT HAS MIGRAINES SINCE INFANCY. TREATED AT CHILDREN'S HOSPITAL. DR IS INVESTIGATING CAUSE; This 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).

Pt has Parathesia to left leg.; This 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 is experiencing bilateral hearing loss.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.

Pt is now having stuttering problems that are followed up with seizures.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.; This is not a new patient.

pt with several months of HA qday. they last hours to all day. they respond well to aleva some days but not others. + double vision occ. + visual aura. + neck spasm. no missed meals or fluids. no caffeine changes lately. no fever. no syncope. + hx of head; 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.

R/O HNP; This study is being ordered for a neurological disorder.; 11/21/2015; There has been treatment or conservative therapy.; pain  numbness  tingling; Anti inflammatories  Home monitored exercises

R/O pituitary issues and possible tumor; Prolactin level has increased and is really high, 16.9 on 09/29/15 20.9 on 11/2/2015; Patient is really fatigued. History of headaches and thyroid problems, hyperactive; This request is for 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).

Recent acute visual changes, in last month headaches are worsening even with TX.; 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)

Right leg pain, weakness and 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.

ringing in left ear and gradually getting louder; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

Risk of blot clot, stroke, and R/O tumor.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.

severe headache that woke patient up from sleep; 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.

suspected stroke, memory loss, 40 min pt did not know where he was, trouble swallowing,; 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).

This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing vertigo

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.

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 vertigo

This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

This 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 a family history (parent, sibling or child of the patient) of AVM (arteriovenous 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.; 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.

This request is for 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).

This request is for 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.

This request is for 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.

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.

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.

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.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; 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.

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.

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.

This request is for a Brain MRI; The study is 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

This request is for a Brain MRI; The study is NOT 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.

This request is for a Brain MRI; The study is NOT 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.

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.

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 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.

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.

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.

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.

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.; There 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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.

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.

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 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 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.

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).

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.

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.

unequal pupils, blurry vision with flashes of light; This study is being ordered for a neurological disorder.; 7-30-15; There has not been any treatment or conservative therapy.; vision changes, flashes of light, blurry type area in right eye and c/o sparks in her vision. anisocoria

unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

Unknown; This study is being ordered for a neurological disorder.; 11/23/2015; There has not been any treatment or conservative therapy.; Patient is experiencing smudge like vision. Decreased vision and color, closes good eye (right) black silhouette. No pain in eye; several eye exam. Patient might have MS or optic neuritis. Eye doctor recommended the visit; visual changes.

unknown; This study is being ordered for a neurological disorder.; 12/3/2015; There has been treatment or conservative therapy.; blurred vision, weakness, increased BP Readings, and pressure that starts at the back of the head and radiates to right temporal area; aspirin daily

unknown; This study is being ordered for a neurological disorder.; onset at 4th grade for headaches; onset of thoracic back pain unknown; There has not been any treatment or conservative therapy.; ha- squeezing, nausea, vomiting, photo sensitivity; back- stabbing, numbness progressing to pin pricks

unknown; This study is 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 gotten worse in last 7 weeks; There has been treatment or conservative therapy.; ; Lumbar and cervical xrays abnormal. Failed improvement with Naprosyn, steroids, home physical therapy with heat and massage. She has been advised to avoid long term use of antiinflammatory medications related to her heart problem.

vision changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

With the elevated prolactin level of 31.4, and the irregular menses, the doctor wants to evaluate the pituitary gland.; 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.

worsening vertigo with incoordination and hx of severe headaches and hx of MVA; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; 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.

"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.

"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.

"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

"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.

"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.

< Enter answer here - or Type In Unknown If No Info Given. >; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

< 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.

< 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.

< 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.

< 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.

< 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.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2015; There has been treatment or conservative therapy.; headaches worsening-fatigue coughing blood; medications inhaler-advil-

,,,,,,,,,,,,,,; 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.

; "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.

; "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.

; "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.

; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

; 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.; 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.

; 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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.; Pt chest xray shows bilateral lung masses that resemble snow-balls. Pt TB skin test is negative. Doesn't look like pneumonia; There has been treatment or conservative therapy.; elevated white count, lung mass by chest xray.; Pt was given tb skin test and given oral antibiotics

; This study is being ordered for Inflammatory/ Infectious Disease.; pt. has initial onset on 10-12-15; There has been treatment or conservative therapy.; abdominal pain, chest pain; pt. was placed on antibiotics, chest x-rays, and anti-inflammatory 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.; 05/13/2014; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has abdominal and chest pain, night sweats and elevated WBC.; There has not been any treatment or conservative therapy.; abdominal pain, chest pain, leukocytosis and night sweats. unexplained. needs ct to r/o lymphoma

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown If No Info Given; There has not been any treatment or conservative therapy.; Patient Had an abnormal pulmonary exam so we followed up with a chest xray. Xray found abnormal mediastinum. Patient was feeling congestion in chest and coughing. Patient is a heavy smoker.

07/15/2015...2. Right pneumothorax: Appears loculated and is not causing tension or hemodynamic compromise. The chest pain has resolved. It is very likely that he has a component of trapped lung in that area, and evacuation will require a repeat thorac; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

1 year follow-up of 4mm mass in left lower lobe found on ct of abd/pelvis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

3 mth follow-up (aug 2015) 2cm lung nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

3mo f/u to a nodule found on 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.

62 yo male noted to have pulmonary nodules, seen on chest imaging on CXR & chest CT in June. Please schedule this pt for a repeat chest CT without contrast (has chronic kidney disease), to be done in mid September. Thanks!; "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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

Abnormal chest X-ray, nodules in lungs; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

Abnormal chest x-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

abnormal chest xrays bilateral lubes; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Abnormal finding on a chest CT in march; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

ADN chest x-ray, nodules were found. Pulmonologist will not see Pt without 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.

chest ct 2014 found pulmonary nodules 1yr f/u; "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.

Chest Ct is being requested due to there being an abnormal Chest X-ray finding/ X-ray showed possible 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.

Chest pain, 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.

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.

chest x ray 07/28/15; "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.

chest x-ray found nodular opacity recommend chest CT for further evaluation; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

chronic cough, chest congestion, sob, hx of smoking; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Chronic cough, SOB possible Peribronchial swelling, bronchi and wheezing on left side 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.

COLON CANCER/ Caller is the PCP. Colon Rectal Surgeon recommended (Lance Burns MD, phone number is (501)664-2432- To see if there is metastasis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

COPD; 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.

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.

CT abd/pel- rule out mass seen on previous abnormal abd exam 01/16/2014; CT chest r/o heart damage- patient thought she had a heart attack (patient had previous MI); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/04/2015; There has not been any treatment or conservative therapy.; chronic chest and abd/pel pain-

CXR showed bullae; patient known asthma presents with increased SOB; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Dr. feels the pericardial sac has fluid in it.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

enlarged heart and 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.; 11/11/2015; There has been treatment or conservative therapy.; enlarged and heart mur mur; xray

Enter answer here - or Type In pt seen by provider on 09/02/2015 for complaint of respiratory problems, chest x-ray done same day with findings emphysematous changes in the lungs w/out consolidation or effusion, CT chest done 09/10/2015 with findings one ; "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.

f/u for nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

F/U from 6 month about lung nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

f/u; "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.

FEVER, FATIGUE; This study is being ordered for Inflammatory/ Infectious Disease.; SEPT 1, 2015; There has been treatment or conservative therapy.; HIGH FEVER; ANTIBIOTICS

follow up for pulmonary nodules that measure 4mm each.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

follow up to abnormal 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 physician is not a hematologist/ oncologist.

follow up to liver mass with biopsy showing fibrosis, and 10mm lung nodule; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; lung nodule and liver fibrosis; There has been treatment or conservative therapy.; abdominal pain, lower left quadrant weakness, inability to walk; patient was recently hospitalized, then discharged with home health and physical therapy

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.

follow-up of chest ct from april 2015 for abnormal 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.

had night sweats and has tachycardia, rule out any 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 physician is not a hematologist/ oncologist.

hemoptisis, smoker; 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.

history of malignant neoplasm right lower lobe lung. patient complains of productive cough. general aches and pain. white blood count was elevated at 14.1 on 04/17/15 , 12.2 on 10/24/15. Patient due for repeat ct of chest for lung cancer monitoring.; 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.

History of renal cell carcinoma,unintentional weight loss, fatigue, night sweats u; 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 physician is not a hematologist/ oncologist.

hx of lymphoma, persistent 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.

Increased in size METS- Lung METS and Brain and bone 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; having chest pain, with walking or exertion and having pain with deep inspiration or cough going on for 4 weeks; "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."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pneumonia.; "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.

looking for blockage;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Mass of chest wall and rib pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; first onset; There has not been any treatment or conservative therapy.; red patchy plaquing noted to torso. quarter size soft mass noted to left chest

Member has a chronic cough. x rays are normal. Ultra sound was also normal; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

mestinal hilar adnopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2015; There has not been any treatment or conservative therapy.; abnormal diagnostic imaging (ct angio coradid)

nicotine dependence; "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.

no other 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.

NO; 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.

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.; 01/2013; There has not been any treatment or conservative therapy.; unexplained weight loss patient has lost over 45lbs since 1/2013 with no diet or exercise change which is causing blood pressure to drop

nodule on 4/29/15, recommended repeat 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.

NONE; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Old granulomatous disease. Single small noncalcified nodule; inferior aspect of the right upper lobe is nonspecific and most likely; represents a small noncalcified granuloma. If patient is at high risk; for lung cancer then a follow-up CT scan of the chest; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

on chest xray his Physician has discovered pulmonary nodules that need to be looked at further to make sure they are not cancer.. HLittle,lpn; 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.

patient had an 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.
Patient has a history of lung cancer with recent bronchitis for 1 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.

Patient has a right lower lobe mass and recurrent cough. Needs CT for further examination of this 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.

Patient has diagnosis of breast cancer. Doctor has ordered brain CT and chest CT to rule out cancer as there is a family history.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Patient has lymph nodes.; 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.

Patient is having left sided chest pain. Normal xray and ekg; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Patient is inflamed around upper left chest area, we are trying to use an CT scan to r/o spleen infarction vs. bony 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.

patient seen in office 12/21/15 for follow up visit from 11/19/15. was treated for fluid overload from Nov visit. Complains of Shortness of breath as usual, cough, chronic diarrhea, decreased appetite, and weight loss. She is a current everyday smoker wit; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

patient with chest pain continuous without relief; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Per CT on 8/26/15, imaging showed right hilar soft tissue; 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.

possible meniscus tear; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2015; There has been treatment or conservative therapy.; knee pain knee swelling inflammation abnormal xray and possible meniscus tear; PT but got worse

PT HAD A CT CHEST ON 5/1/14 THAT SHOWED A 3 MM NONCALCIFIED NODULE IN THE RIGHT UPPER LOBE AND 6MM NODULE RIGHT MIDDLE LOBE AND 3MM AND 2MM NODULES IN LEFT LOWER LOBE. RADIOLOGIST RECOMMENDED FOLLOW UP CT TO CHECK ON IT.; "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.

Pt has COPD.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Pt has had a cough for almost a year that she been having treatments for and it comes and goes but never is dissolved/ X-ray is not clear of whether there is a mass or tumor and that is reason CT was recommended; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

pt is complaining of chest pain after MVA. pt states pain returned when all of steroids were gone.; 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.

pt w/chornic cough; ex smoker; med w/no relief; restrictive lung defect; 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.

Pt was diagnosed with chest wall mass in 2010, mass was benign and removed. Recently patient has had increased pain to the left side of chest and a untreatable cough which mimic the symptoms pt had before diagnosed with chest wall mass in 2010.; "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.

pt. complains of sinus tenderness , drainage; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

R/ o scare on lung vs. a mass , x-ray show an anomaly; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/15; There has not been any treatment or conservative therapy.; coughing , wheezing ,

Rectal 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 physician is not a hematologist/ oncologist.

Repeat CT for lung nodules.; 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.

repeat in one 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.

Results / Interpretations   X-RAY, CHEST   nodules on rt middle congestion in lower trt; "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.

shortness of breath, lymphadenopathy; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

sob, rapid weight loss, f/u pulmonary nodule, r/o lung carcinoma, 3.1 nodule in right hilar region; "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.

Sternoclavicular swelling and haziness on exam and 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.

Suboptimal inspiratory effort. Cardiopericardial silhouette is enlarged. Costophrenic angles are sharp. Loss of the right heart border indicates a probable right middle lobe infiltrate, Bony structures are unremarkable impression cardiomegaly without evi; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

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.

The Pt had abnormal chest X-ray, 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.

The report of her chest x-ray is left hemidiaphragm is elevated that has not been there in the past.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

The request is for a chest, thoracic or sterno-clavicular joint CT.; "There is a nodule,coin lesion or other lung mass.cxct"

There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician 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.

There is no radiologic evidence of non-resolving pneumonia.; "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 radiologic evidence of a lung abscess or empyema.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ongoing, having same issue.; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has hemoptysis and radiologic evidence of pneumonia; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient with SOB, cough, Left sided chest pain. Abnormal chest X-ray showing peri-hilar calcifications.; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Persistent hazy opacification within the lingula which has been noted on multiple previous examinations indeterminate for recurrent inflammatory changes versus underlying chronic scarring or potential pericardial fat pad. Correlation with follow up CT of t; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has hx of heart surgery 2014, after surgery has had constant chest pain for 8 months and breathing problems. Affecting pts daily activities.; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Recently had pneumonia, getting better but running low fever. This is to rule out abscess; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Slightly abnormal chest x-ray with 7 mth persistent and productive cough.; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; SOB and Persistent cough; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; The patient has had a chronic cough, and bronchial infection for several months, weight loss and not improving with antibiotic. the patient recently saw the dermatologist and was diagnosed with facial granulomas, suggestive for sarcoid.; "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.

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.

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.

There was a nodule found in the lung during a chest xray; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; to rule out cancer- or any other disorders; There has not been any treatment or conservative therapy.; cough

This is a 6 month follow up from CT done on 4/23/15.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

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.

unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

visible mass on left side; protruding off of chest; history of smoking.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

weight loss, right pleural effusion, anemia, elevated platelets, and hyponatremia; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

widened heart evaluation.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Work up from cardiology showed Right lower lobe nodule 4mm.; "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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/04/2015; There has been treatment or conservative therapy.; shortness of breath//tenderness and swelling in the right upper quadrant//pain//elevated alt levels; medication without relief

< 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.

5mm nodular density within the anterolateral right middle lobe. Recommend follow up CT 3-6 months to confirm stability.; 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.

Angina/Chest Pain   Reported by patient.  Location: chest; middle scapular; does not radiate  Quality: pressure; aching Severity: moderate  Duration: started 2weeks ago; lasts from minutes to hour  Onset/Timing: nocturnally (noted with first episod; This study is being ordered for Vascular Disease.; 10/22/15; There has not been any treatment or conservative therapy.; chest pain that woke patient from sleep

Left side chest pain; Rule out lesion; 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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

This is a request for a chest MRI.

This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.

; This is a request for an MR Angiogram of the chest or thorax

There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.

< Enter answer here - or Type In Unknown If No Info Given. >; The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...; Caller does not know how many follow-up Cervical Spine CTs the patient has had.

< 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.

decreased grip strength in hands, dropping objects, shooting pains in arms; tingling pain in arms down neck and in shoulders; 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.

Pain in head and neck; Unable to go to work due to pain; Unable to move neck; Injury occurred on 12/15/2015; When pt tries to move neck, makes her dizzy; 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.; 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.; 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...

Patient feel 10/11/2015. fell on hip, headache, swelling , bruising.; This study is being ordered for trauma or injury.; 10/13/2015; There has been treatment or conservative therapy.; neck, abdomen, R Hip, R knee pain, numbness, tingling.; Medrol pack, medications, hot packs.

Patient had xray today, shows degenerative changes. Radiculopathy, pain that radiates down patients arm when she pushes on her head.; 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.

PREVIOUS GUN SHOT WOUND. PREV CHEST X-RAY.; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; CHEST AND MIDDLE BACK PAIN

sudden onset of symptoms post injury, symptoms slurred speech, pt stumbling, pain; This study is being ordered for trauma or injury.; 12/05/2015; There has not been any treatment or conservative therapy.; slurred speech, neck pain, headache,feeling of stumbling when walking

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.

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.

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 to be part of a Myelogram.; This is a request for a Cervical Spine CT 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.

; This study is being ordered for trauma or injury.; pt. had the four wheeler fall on him 11-01-15.; There has not been any treatment or conservative therapy.; spinous process tenderness L3-L4. negative right ankle brachial reflexes.

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 CT.; The patient has had 3 or fewer Thoracic Spine CTs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.

PREVIOUS GUN SHOT WOUND. PREV CHEST X-RAY.; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; CHEST AND MIDDLE BACK PAIN

pt has thoracic spine pain that radiates entire back. there is associated numbness and tingling. x-ray shows no spinal abnormality; 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.

Pt is experiencing back pain with numbness and tingling in left hand.; 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.

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.

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 trauma or acute injury within 72 hours.; There is a reason why the patient cannot undergo a thoracic spine MRI.

This is a request for a thoracic spine CT.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; There is a reason why the patient cannot undergo a thoracic spine MRI.; There are no documented clinical findings of immune system suppression or AIDS.; The patient is not experiencing thoracic back pain associated with chest pain.

This is a request for a thoracic spine CT.; 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.; There is a reason why the patient cannot undergo a thoracic spine MRI.

Thoracic Spine XRay today: Findings consistent with mild thoracolumbar scoliosis and post-surgical finding of CSpine. Potential linear change ~T6. Will obtain Thoracic CT for bone evaluation.; 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.

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; pt. had the four wheeler fall on him 11-01-15.; There has not been any treatment or conservative therapy.; spinous process tenderness L3-L4. negative right ankle brachial reflexes.

Patient fell 10/11/2015. fell on hip, headache, swelling, bruising.; This study is being ordered for trauma or injury.; 10/13/2015; There has been treatment or conservative therapy.; neck, abdomen, R Hip, R knee pain, numbness, tingling.; Medrol pack, medications, hot packs.

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.

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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

< 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.; Callers says her notes just mention some 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.

< 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 both hands; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

< 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.; It is not known if the patient has had back pain for over 4 weeks.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/26/15; There has not been any treatment or conservative therapy.; - Fractured neck with radiculopathy, numbness and weakness on the L side

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2013; There has not been any treatment or conservative therapy.; Neck pain , hyperreflexia , syncope , neuropathy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/2015; There has not been any treatment or conservative therapy.; headaches muscle weakness dizziness nausea neck pain unsteady gait.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Since 2013; There has been treatment or conservative therapy.; Headaches, right arm numbness, neuropathy, neck pain; Medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Diagnosed with pseudo cushion.; Physical therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/18/2015; There has been treatment or conservative therapy.; numbness and tightness; chiropractic

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; Neck pain, back pain; Injections.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 years; There has been treatment or conservative therapy.; pain, decrease ROM on shoulder; steroids and pain meds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2015; There has been treatment or conservative therapy.; severe back pain, c4-c5 leg weakness and numbness bowel and bladder incontinence; Physical therapy -meds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 25 2015; It is not known if there has been any treatment or conservative therapy.; radiculopathy Cervical Hematuria and Nephrolithiasis /Right flank pain urgency in urination/ history of Nephrolithiasis /

< 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.; BLURRED VISION, PAIN & GOES TIN TO BOTH ARMS & HANDS & NUMBNESS; PT, MEDICATIONS, CHIROPRACTIC

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; February 2014; There has been treatment or conservative therapy.; back pain, neck pain; medication with no improvement

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient 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 is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and tingling radiating down into the L arm, hand, and middle finger; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 7/10/2012; There has not been any treatment or conservative therapy.; Back pain, paresthasias

; This study is being ordered for a neurological disorder.; Has been going on for the last year or so started about January 5, 2015 and has not resolved with PT; There has been treatment or conservative therapy.; ; Ensaids and rx for pain has not helps has had 8 weeks of Physical Therapy and states pain is 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.; Chronic back pain; There has been treatment or conservative therapy.; Back pain; PT

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; 6/18/2014; There has been treatment or conservative therapy.; Pt c/o back pain, decrease ROM, numbness, memory loss, and nausea. Pt also blacks out.; PT, medication and injections bypass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; bypass; It is not known if there has been any treatment or conservative therapy.; bypass

FUNCTIONAL LOSS, PAIN LIMITING FUNCTION; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; FUNCTIONAL 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.

Having intermittent back pain. A few days ago he could hardly walk. He has pain in the Right arm intermittently. That occurs when his L leg is hurting...a dull nerve pain. No numbness or tingling of the R arm. Has pain in the outside of both sides 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.; 11/06/2015; There has been treatment or conservative therapy.; Having intermittent back pain. A few days ago he could hardly walk. He has pain in the Right arm intermittently. That occurs when his L leg is hurting...a dull nerve pain. No numbness or tingling of the R arm. Has pain in the outside of both sides of; HYDROCODONE/3 MONTHS PT

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>

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.; No clinicals available

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;
<Enter Additional Clinical Information>

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Provider Plan Nerve conductions normal in both arms. Needle EMG was checked in several left arm muscles, which is the more symptomatic side. The arm muscles are normal, but there was one location in the C-spine where there seemed to be some P waves. T

just patient having pain and numbness that is not getting better; This study is 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 months; There has been treatment or conservative therapy.; patient has shoulder and cervical pain that is going to the neck and right arm or with numbness. this has been going on 2 to 3 weeks; patient got multiple injections of medicine for the pain
looking for new lesions; This study is being ordered for a neurological disorder.; 12/28/15; There has been treatment or conservative therapy.; foot drop, parasthesia in bilateral extremities, problems swallowing; Pt has had MS for 5 years...on weekly Avonex injections

metastatic colon cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

n/a; This study is being ordered for Inflammatory/ Infectious Disease.; n/a; There has been treatment or conservative therapy.; CERVICAL- numbness, tingling, L-arm numbness  KNEE- pain, difficulty walking; NSAID's

NA; 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 LIMITED RANGE OF MOTION ON EXAM. 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.

Neck pain not any better after inj 11/30/15; This is a 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.

Neck pain with radiculopathy down left arm several months. Steroids and Meloxicam ineffective for the pain, symptoms not improving.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

new patient, but pain mentioned. r/o Fracture in neck; This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; There has not been a recurrence of symptoms following surgery.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

No clinicals available; 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.

NO; This study is being ordered for trauma or injury.; 9/4/2014; There has been treatment or conservative therapy.; ARM NUMBNESS, PAIN AND WEAKNESS, LEG PAIN, TINGLING, NECK PAIN; INJECTIONS, CHIROPRACTIC CARE, MILOXACAM

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.; 10/21/2014; There has been treatment or conservative therapy.; Pt has numbness and tingling in the upper extremities. numbness and tingling in to the lower upper extremities . mid back pain.; Physical Therapy , epidural injections, and medication therapy pain for greater than 3 months. tried conservative measures with worsening pain. nsaid, steroids, heat and ice, pain meds, physical therapy all with no relief; This study is being ordered for a neurological disorder.; july 1 2015; There has been treatment or conservative therapy.; bilateral upper extremity weakness and radiculopathy, lumbago, t-spine pain, chest wall pain, low back pain; Nsaid, physical therapy, pain meds, heat and ice

pain getting worse with numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7.1.2015; There has been treatment or conservative therapy.; back pain, neck pain , numbness into fingers and both arms , tenderness; Medication , Home Exercise

Patient has been in physical therapy since 07/21/15 with symptoms getting progressively worse with time. Patient has also had failed treatment with prescriptions and 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; loss of sensation in hand/arm

Patient has had left arm numbness and tingling for over a month, persistent, and worsening now. She had been seen for this along with some other head symptoms that led the doctor to image the head. This was negative, but symptoms of tingling 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.

patient has taken Ibuprofen and Flexeril; This study is 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 21, 2015; There has been treatment or conservative therapy.; worsening pain in neck and lower back; patient has completed physical therapy

patient is on medication, and patient has osteoarthritis.; This study is being ordered for trauma or injury.; 1988; There has been treatment or conservative therapy.; back pain with radiculopathy and minimal relief; injections, PT

Patient needs study to be completed to proceed with surgical planning requirements.; This study is being ordered for a neurological disorder.; 2001; There has been treatment or conservative therapy.; Tingling of the right arm, of the right hand, of the posterior left thigh, and numbness of the right hand. Neck pain in trapezius extends into shoulder, increased by turning head, and progressively worsening. Low back pain is chronic. Mild weakness of the; Chiropractic therapy which did not help.
PREVIOUS GUN SHOT WOUND. PREV CHEST X-RAY.; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; CHEST AND MIDDLE BACK PAIN

pt's previous MRI shows grade 1 anterolisthesis of L5 on S1 with moderate DDD at L3-4,4-5,5-S1. Physical exam reveals BUE and BLE weakness, hyperreflexia in BLE and clonus. thoracic and cervical mri recommended to r/o canal stenosis; This study is being ordered for a neurological disorder.; 12/2008; There has been treatment or conservative therapy.; ; Physical therapy, Manipulation and epidural injections

Pts X-rays came back within normal limits and patient is still stating he is in pain. Needing MRI to rule out future injury so patient can return to work; This study is being ordered for trauma or injury.; Pt states that accident happened around 10/5/15; There has been treatment or conservative therapy.; Neck pain; Acute thoracic back pain; Lumbosacral radiculitis; Patient was sent to Physical Therapy and given medications to help with inflammation and pain

R/O HNP; This study is being ordered for a neurological disorder.; 11/21/2015; There has been treatment or conservative therapy.; pain; numbness; tingling; Anti inflammatories; Home monitored exercises

RADICULAPATHY; 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.

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.

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.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.

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; Pt with craniocervical meningioma coming for 3 mos follow up with MRI

The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The last spine MRI was performed more than 6 months ago.; Known Tumor with or without metastasis

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

This is a 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.

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?

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.

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.

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; Patient is experiencing lower extremity weakness and radiculopathy. Conservative medicine shows no improvement.; 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 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.

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.

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.

This is a request for cervical spine MRI; None of the above; cervical pain not responding to physical therapy and medication; 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 is a request for cervical spine MRI; None of the above; Xray done-showed no fracture-radicular pains reproduced with cervical foraminal compression (spurlings); 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 is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical 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.

This is a request for cervical 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.

This is a request for cervical 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.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;

This 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.; a degree of numbness up down left arm and radiculopathy down left arm

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.; Has had 2 ultrasounds related to breast cancer. Had a swollen lymph node in her L axilla is stable.; Growth in duodenum has resolved. Had repeat biopsies that were fine Ok to be off prilosec. ; Goes back to gastroenterologist here in December for her

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's x-ray showed some abnormality, RO ruptured disc

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.; Previous c-spine xray showing deformity

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 woke up 09/06/15 on vacation with acute neck pain. Pain and numbness travels down left arm. Nsaids, Pain meds. 7 sessions Physical therapy and now worsening of symptoms

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.; history of cervical fusion at C4-5. patient has new onset of neck pain into left shoulder. x-ray shows moderate to severe DJD, loss of disc space, and osteophyte formation

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

This is a request for cervical spine MRI; Trauma or recent injury; ; It is not known if the patient have new or changing neurological signs or symptoms.

This is a request for cervical spine MRI; Trauma or recent injury; 6/2014 Motorcycle accident limited range of motion of neck pain in back and neck; 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 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?

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.

this patient has had back problems for 10 years, but recently re-injured back. they are having radiculopathy along with back pain; This study is being ordered for trauma or injury.; 10/12/15; It is not known if there has been any treatment or conservative therapy.; back pain, with radiculopathy

this patient has had this pain for going on 6 weeks. she has parathesia in the arms and legs. she is a diabetic and her blood sugar is running high because of the pain; This study is being ordered for a neurological disorder.; 08/19/15; There has been treatment or conservative therapy.; neck pain, back pain, numbness in arms and legs and toes, tingling in fingers, left arm twitching; hydrocodone-acetimenophin, flexeril

Unknown.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

unknown; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; decreased mobility, joint tenderness, trouble sleeping, spasms, weakness, disc degeneration; PT and medication

unknown; This study is 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 gotten worse in last 7 weeks; There has been treatment or conservative therapy.; ; Lumbar and cervical xrays abnormal. Failed improvement with Naprosyn, steroids, home physical therapy with heat and massage. She has been advised to avoid long term use of antiinflammatory medications related to her heart problem.

We are sending patient to an orthopedic surgeon. These tests are needed so he can be seen and get his pain taken care of.; This study is being ordered for Inflammatory/ Infectious Disease.; March 26th of 2015; There has been treatment or conservative therapy.; decreased range of motion, sever pain; Radio frequency by orthopedic dr

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."; Sharp pain. Interferes with work.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/2015; There has not been any treatment or conservative therapy.; headaches muscle weakness dizziness nausea neck pain unsteady gait.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 11/16/2014; There has been treatment or conservative therapy.; chronic back pain in middle and lower back, muscle spasm, decrease range of motion, pain with motion, radiculopathy in both legs and chest; home exercise, medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 year ago; There has been treatment or conservative therapy.; back pain; OTC meds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/18/2015; There has been treatment or conservative therapy.; numbness and tightness; chiropractic

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; Neck pain, back pain; Injections.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-10-15; There has been treatment or conservative therapy.; back pain with radiation; anti inflammatory, muscle relaxants, narcotic meds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/09/2015; There has been treatment or conservative therapy.; Pain and numbness.; Referred to neuro surgeon.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; pain/pain down both legs instability/loss of sensation/limited range of motion; surgery and discectomy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 6/15/2015; There has not been any treatment or conservative therapy.; NUMBNESS OVER HER LEFT LEG, HAVING PROBLEM WALKING DUE TO THE PAIN

; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt is having hypoesthesia in left T1 Left.decreased ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

; This study is being ordered for a neurological disorder.; 07/2015; There has been treatment or conservative therapy.; Upper and Lower Extremity Weakness/Numbness; Chiropractor, Massage, Medication

; This study is being ordered for a neurological disorder.; 9/28/15; There has been treatment or conservative therapy.; pt is having significant pain in T and L spine. Due to severity of pain, I will order MRI for further evaluation to rule out infection process vs intervertebral disc disorder. Rx for tramadol to use bid for back pain at this time; patient has been treated with tramadol for pain, he is worse

; This study is being ordered for a neurological disorder.; chronic with acute exacerbation x 1 1/2 months; There has been treatment or conservative therapy.; low to mid back pain with radiculopathy to thighs and calves; stiffness, worsens with flexion and twisting; pain with ROM in hips; tenderness noted in left laterak lower bajc radiating to hip with pain radiating to level of knee; Xray of L/spine showed ad; patient has been taking NSAIDS and heat therapy

; This study is being ordered for Congenital Anomaly.; 8/1/2015; There has been treatment or conservative therapy.; pain in the back , pt has had constant pain with burning down the right leg tingling down the toes; physical therapy and medication , muscle relaxer 6 weeks of pt

; This study is being ordered for Inflammatory/ Infectious Disease.; May 2015; There has been treatment or conservative therapy.; muscle weakness, urinary incontinence, headache; 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.; Chronic back pain; There has been treatment or conservative therapy.; Back pain; PT

; This study is being ordered for trauma or injury.; 6/18/2014; There has been treatment or conservative therapy.; Pt c/o back pain, decrease ROM, numbness, memory loss, and nausea. Pt also blacks out.; PT, medication and injections

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;

47 yo white female. The patient is here for follow up visit. Patient is here for Medication refills. Patient to be evaluated for lower back pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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.;

47 yo white female. The patient is here for follow up visit. Patient is here for Medication refills. Patient to be evaluated for lower back pain.

Broken Harrington rod in back.; This study is being ordered for a neurological disorder.; Approximately 2 months ago.; There has not been any treatment or conservative therapy.; Patient has history of scoliosis and the Harrington rod placed in her back to correct the curvature of her spine has disconnected at the top and is fractured at the bottom. Tingling sensations to right hand. Pain demonstrated with flexion and extension. R

Dr is trying to r/o tumor 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.; 05/2015; There has been treatment or conservative therapy.; Pt is showing neurological deficits. Tingling and numbness in the abdomen region.; Pt was given medication with no improvement

Has history of ruptured disc.; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; Radicular bilateral arm pain, upper back pain, low back pain, herniated lumbar disc.; Meloxicam 15 mg , take one tab po daily.

Has sustained a fall recently whihc has mad back issues worse  pain in ls region persistent despite nsaid and muscle relaxant as well as P.T exercise regimen done at home  Numbness in lle ongoing also having issues currently affecting LUE  Pain als; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; THREE YEARS; There has been treatment or conservative therapy.; LLe radiculopathy  progression of symptoms  xR -ddd-MOST PRONOUNCED LOWER THROACIC AND UPPER LS SPINE  P.T REGIMEN -DONE AT HOME SINCE NOVEMBER -LS AND THORACIC SPINE  nsaid otc; HOME PT, MEDICATION

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.

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 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.

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 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." metastatic colon cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.; 10/21/2014; There has been treatment or conservative therapy.; Pt has numbness and tingling in the upper extremities. numbness and tingling in to the lower upper extremities . mid back pain.; Physical Therapy , epidural injections, and medication therapy pain for greater than 3 months. tried conservative measures with worsening pain. nsoids, steroids, heat and ice, pain meds, physical therapy all with no relief; This study is being ordered for a neurological disorder.; july 1 2015; There has been treatment or conservative therapy.; bilateral upper extremity weakness and radiculopathy, lumbago, t-spine pain, chest wall pain, low back pain; Nsaids, physical therapy, pain meds, heat and ice

pain getting worse with numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7.1.2015; There has been treatment or conservative therapy.; back pain, neck pain , numbness into fingers and both arms , tenderness; Medication , Home Exercise

Palpable spasm with ROM, SLR + on Left at 30 degrees and - on Right; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Back pain with radiation to left leg.; Taking Mobic and Tizanidine

Patient complains of back pain. The discomfort is most prominent in the upper thoracic spine. This radiates to the neck. She characterizes it as constant, severe, sharp, and aching. This is an acute episode with no prior history of back pain. She states; 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.; There is weakness.; Patient complains of back pain. The discomfort is most prominent in the upper thoracic spine. This radiates to the neck. She characterizes it as constant, severe, sharp, and aching. This is an acute episode with no prior history of back pain. She states; The 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.

PATIENT HAS A 57 DEGREE RIGHT-SIDED SCOLIOSIS ON PLAIN X-RAY, (R) SIDE BACK PAIN, RADICULAR PAIN DOWN RLE, GAIT DISTURBANCE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09-17-2014; There has been treatment or conservative therapy.; (R) SIDE BACK PAIN, RADICULOPATHY DOWN (R) LEG, GAIT DISTURBANCE, SCOLIOSIS; NSAIDS, ORAL STEROIDS, NON-NARCOTIC PAIN MEDS, MUSCLE RELAXERS, STRETCHING EXERCISES, PLAIN X-RAYS, PHYSICAL THERAPY

Patient is in extreme pain and is difficult to perform everyday tasks now; This study is being ordered for a neurological disorder.; 11/10/15 is when pain & numbness started, he has been through physical therapy and inflammatory meds that are not helping; There has been treatment or conservative therapy.; Extreme upper back and neck pain going down both arms with numbness in both hands; Physical therapy and anti inflammatory and steroids

Patient requests to have Chiropractic Evaluation, which requires additional 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.; 2/26/2015; There has been treatment or conservative therapy.; Back Pain, Stiffness, Muscle Aches, Loss of Strength; Patient Failed Physical Therapy, Anti-inflammatory (Both OTC and RX strength), Steroid therapy (PO and Injectable), Muscle Relaxant Therapy

Patient with mid back pain with no causative trigger. Worse on the right side. XRAYS SHOW COMPRESSION FRACTURE PHYSICAL THERAPY NOT HELPING MEDS NOT WORKING VERY GOOD FURTHER DIAGNOSTIC EVALUATIONS; This study is being ordered for trauma or injury.; 09/24/2015; There has been treatment or conservative therapy.; BACK PAIN,TENDERNESS OF MUSCLES ESPECIALLY ON THE RIGHT,VERY LIMITED ROM,RIGHT HIP PAIN,SPASMS; stop meloxicam due to abdominal pain. OK to continue with 81mg aspirin enteric coated. skelaxin, cyclobenzaprine, hydrocodone for pain, Physical Therapy. Evaluate and treat. PREVIOUS GUN SHOT WOUND. PREV CHEST X-RAY.; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; CHEST AND MIDDLE BACK PAIN

previous mri of lumbar showed disc pretusion on L4 & 5; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/24/2014; There has been treatment or conservative therapy.; arm pain numbness and weakness ; low back pain radiating to both bilateral lower extremitys; lumbar injections ; nerve root block ; medication therapy

pt's previous MRI shows grade 1 anterolisthesis of L5 on S1 with moderate DDD at L3-4,4-5,5-S1. Physical exam reveals BUE and BLE weakness, hyperreflexia in BLE and clonus. thoracic and cervical mri recommended to r/o canal stenosis; This study is being ordered for a neurological disorder.; 12/2008; There has been treatment or conservative therapy.; ; Physical therapy, Manipulation and epidural injections

Pts X-rays came back within normal limits and patient is still stating he is in pain. Needing MRI to rule out future injury so patient can return to work; This study is being ordered for trauma or injury.; Pt states that accident happened around 10/5/15; There has been treatment or conservative therapy.; Neck pain; Acute thoracic back pain; Lumbosacral radiculitis; Patient was sent to Physical Therapy and given medications to help with inflammation and pain

R/O HNP; This study is being ordered for a neurological disorder.; 11/21/2015; There has been treatment or conservative therapy.; pain ; numbness ; tingling; Anti inflammatory ; Home monitored exercises

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Mid thoracic pain; the differential includes enthesopathy of the supra and interspinous ligament at the thoracic spine.; that could be positional in origin.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; Pain in thoracic spine chronic in duration. Patient experiencing thoracic spondylosis. Chronic numbness and tingling bilaterally in feet and right lower leg.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of asymmetric reflexes.

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.

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.

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.; chronic back pain and already completed physical therapy; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

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 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.

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.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; PT had an x-ray, shows a lost of height on T5. PT is having bad back pain.

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.

THERE IS A 2CM OVAL MASS, NON-MOBILE MASS LEFT LATERAL T SPINE, MILDLY TENDER TO PALPATION, 1CM FIRM NON-MOBILE MASS TO LEFT LATERAL L SPINE, VERY TENDER TO PALPATION; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

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.;

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.; This patient is being referred for permanent spinal cord stimulator placement and MRI is needed for this reason.

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; pain is radiating (thoracic spine at "bra strap")  Severity: worsening; severe (8-10); interference with work.  tenderness (b/l thoracic paraspinals at about t4-t5); The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

this patient has had back problems for 10 years, but recently re-injured back. they are having radiculopathy along with back pain; This study is being ordered for trauma or injury.; 10/12/15; It is not known if there has been any treatment or conservative therapy.; back pain, with radiculopathy

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.

< 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.; increased muscle spasms, one leg is shorter than the other.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

< 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

< 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.

< 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

< 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 study is being ordered for a neurological disorder.; 9/2015; There has not been any treatment or conservative therapy.; headaches muscle weakness dizziness nausea neck pain unsteady gait.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 11/16/2014; There has been treatment or conservative therapy.; chronic back pain in middle and lower back, muscle spasm, decrease range of motion, pain with motion, radiculopathy in both legs and chest; home exercise, medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 year ago; There has been treatment or conservative therapy.; back pain; OTC meds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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; There has been treatment or conservative therapy.; NUMBNESS IN THE TOES; MEDICATIONS

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; Neck pain, back pain; Injections.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 years; There has been treatment or conservative therapy.; pain, decrease ROM on shoulder; steroids and pain meds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2015; There has been treatment or conservative therapy.; severe back pain, c4-c5 leg weakness and numbness bowel and bladder incontinence; Physical therapy -meds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-10-15; There has been treatment or conservative therapy.; back pain with radiation; anti inflammatory, muscle relaxants, narcotic meds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being 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.; severe pain in knee, lumbar spinal stenosis

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/09/2015; There has been treatment or conservative therapy.; Pain and numbness.; Referred to neuro surgeon.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; pain/pain down both legs instability/loss of sensation/limited range of motion; surgery and discectomy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 6/15/2015; There has not been any treatment or conservative therapy.; NUMBNESS OVER HER LEFT LEG, HAVING PROBLEM WALKING DUE TO THE PAIN

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; February 2014; There has been treatment or conservative therapy.; back pain, neck pain; medication with no improvement

<none; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above (will fax); The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

; The study 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.;

; The study requested 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.

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;

; The study requested is 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.

; 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.; 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.;

; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;

; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

; 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.

; 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

; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

; 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.

; 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 than once for these symptoms.

; This study is being ordered for a neurological disorder.; 07/2015; There has been treatment or conservative therapy.; Upper and Lower Extremity Weakness/Numbness; Chiropractor, Massage, Medication

; This study is being ordered for a neurological disorder.; 7/10/2012; There has not been any treatment or conservative therapy.; Back pain, paresthesias

; This study is being ordered for a neurological disorder.; 9/28/15; There has been treatment or conservative therapy.; pt is having significant pain in T and L spine. Due to severity of pain, I will order MRI for further evaluation to rule out infection process vs intervertebral disc disorder. Rx for tramadol to use bid for back pain at this time; patient has been treated with tramadol for pain, he is worse

; This study is being ordered for a neurological disorder.; chronic with acute exacerbation x 1 1/2 months; There has been treatment or conservative therapy.; low to mid back pain with radiculopathy to thighs and calves; stiffness, worsens with flexion and twisting; pain with ROM in hips; tenderness noted in left laterak lower bajc radiating to hip with pain radiating to level of knee; Xray of L/spine showed ad; patient has been taking NSAIDS and heat therapy

; This study is being ordered for a neurological disorder.; Has been going on for the last year or so started about January 5, 2015 and has not resolved with PT; There has been treatment or conservative therapy.; ; Ensaid and rx for pain has not helps has had 8 weeks of Physical Therapy and states pain is worse

; This study is being ordered for a neurological disorder.; Karla Roach is a 46 y.o. female. Who complains of worsening cervical neck, thoracic and lumbar back pain. Cervical spine onset 2004 after rear ended in car accident with 14 weeks of physical therapy and back at that time. She has since undergone radiofreq; There has been treatment or conservative therapy.; mid & low back pain with numbness in extremities.; Karla Roach is a 46 y.o. female. Who complains of worsening cervical neck, thoracic and lumbar back pain. Cervical spine onset 2004 after rear ended in car accident with 14 weeks of physical therapy and back at that time. She has since undergone radiofreq

; This study is being ordered for Congenital Anomaly.; 8/1/2015; There has been treatment or conservative therapy.; pain in the back , pt has had constant pain with burning down the right leg tingling down the toes; physical therapy and medication , muscle relaxer 6 weeks of pt

; This study is being ordered for Inflammatory/ Infectious Disease.; May 2015; There has been treatment or conservative therapy.; muscle weakness, urinary incontinence, headache; 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.; 1-9-2013; There has been treatment or conservative therapy.; PAIN AT REST AND LYING DOWN, LBP, HIP PAIN; HIP REPLACEMENT, THERAPY, MEDICATION

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic back pain; There has been treatment or conservative therapy.; Back pain; PT

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; 6/18/2014; There has been treatment or conservative therapy.; Pt c/o back pain, decrease ROM, numbness, memory loss, and nausea. Pt also blacks out.; PT, medication and injections

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;

4 weeks of conservative therapy with worsening pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.

47 yo white female. The patient is here for follow up visit. Patient is here for Medication refills. Patient to be evaluated for lower back pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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.; 47 yo white female. The patient is here for follow up visit. Patient is here for Medication refills. Patient to be evaluated for lower back pain.

abnormal x ray on 12/14/15 indicated Previous L5/S1 fixation with 8mm spondylolisthesis and probably hardware retraction from the L5 vertebral body. There is a 30% loss of vertebral body height and the posterior aspect of L5. There is 6mm spondylolisthesis; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Limited range of motion due to pain and muscle spasms of the lower lumbar spine. L5 point tenderness in which light tapping causes shooting pains in the dorsum of the ipsilateral foot and lateral knee areas, L4/5 functional weakness in inversion and dorsiflexion; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Back pain and radicular pain down right leg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; naproxen, zanaflex

back pain for 6 wks; 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 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

back pain severity level is severe, it occurs persistently. The patient describes the pain as sharp. Context: lying down. Symptoms are aggravated by lying/resting. Symptoms are relieved by movement. patient states he has noticed his back pain since he had; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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.

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

Broken Harrington rod in back.; This study is being ordered for a neurological disorder.; Approximately 2 months ago.; There has not been any treatment or conservative therapy.; Patient has history of scoliosis and the Harrington rod placed in her back to correct the curvature of her spine has disconnected at the top and is fractured at the bottom. Tingling sensations to right hand. Pain demonstrated with flexion and extension. R

bypass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; bypass; It is not known if there has been any treatment or conservative therapy.; bypass

c/o shooting pain up her back for several weeks now. States no trauma that she is aware of. States it makes it difficult to perform ADLs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Clinical Information; History / Dx: M54.40 Bilateral low back pain with sciatica, sciatica laterality unspecified ; History / Dx: duration 8 years. problem is fluctuating. occurs intermittently. location of pain is lower back. pain is radiated to the l; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Decreased strength and tone in the lower legs, left more than right; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Dr is trying to rule out tumor 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.; 05/2015; There has been treatment or conservative therapy.; Pt is showing neurological deficits. Tingling and numbness in the abdomen region.; Pt was given medication with no improvement

FAILED PT AND INJECTIONS. PAIN WORSENING.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; EXTREMITY WEAKNESS DOWN LEFT LEG; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Had a recent fall; pain in legs; numbness in feet; feels off balance; decreased rom and tenderness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; positive for 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.

Had an MRI in 2012, was referred to a neurosurgeon Dr. Burson, recommended surgery, degenerative changes and PARS defect, pain had gotten better, has gotten intermittent pain over the past month, but now pain is getting worse, legs feel weak mostly down t; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Has history of ruptured disc.; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; Radicular bilateral arm pain, upper back pain, low back pain, herniated lumbar disc.; Meloxicam 15 mg , take one tab po daily.

Has sustained a fall recently whihc has mad back issues worse  pain in ls region persistent despite nsaid and muscle relaxant as well as P.T exercise regimen done at home  Numbness in lle ongoing also having issues currently affecting LUE  Pain als; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; THREE YEARS; There has been treatment or conservative therapy.; LLe radiculopathy  progression of symptoms  xR -ddd-MOST PRONOUNCED LOWER THROACIC AND UPPER LS SPINE  P.T REGIMEN -DONE AT HOME SINCE NOVEMBER -LS AND THORACIC SPINE  nsaid otc; HOME PT, MEDICATION

HAS TRIED MEDS (NEPROXIN); 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.

Having intermittent back pain. A few days ago he could hardly walk. He has pain in the Right arm intermittently. That occurs when his L leg is hurting...a dull nerve pain. No numbness or tingling of the R arm. Has pain in the outside of both sides 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.; 11/06/2015; There has been treatment or conservative therapy.; Having intermittent back pain. A few days ago he could hardly walk. He has pain in the Right arm intermittently. That occurs when his L leg is hurting...a dull nerve pain. No numbness or tingling of the R arm. Has pain in the outside of both sides of; HYDROCODONE/3 MONTHS PT

inability to move 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.; limited 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.

Large mass was felt in the lower left lumbar spine. Severe pain is radiating down back and legs.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Location: pain radiating to the legs; Quality: dull; Severity: same; Duration: about 3 months; Onset/Timing: first episode; Context: trauma (slipped and wrenched her back in the summer); Alleviating Factors: rest; hot packs, Norco; Aggravating Factor; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Low back pain, headaches, patient fell off a horse last summer, PT with 4 visits completed and back pain is getting worse each time she goes; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Low back pain. From a car accident 2 years ago.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known what medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.
metastatic colon cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Musculoskeletal:: Motor Strength and Tone: normal. Joints, Bones, and Muscles: tenderness and limited ROM; bilateral lumbar spine tenderness to palpation. decreased range of motion to side bending and rotation. hypertonicity to bilateral lumbar paraspinal; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Negative x-ray per report; hx of pain since mid-late 2014 - worsening discomfort; saw chiropractor for 3 months 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

NO; This study is being ordered for trauma or injury.; 9/4/2014; There has been treatment or conservative therapy.; ARM NUMBNESS, PAIN AND WEAKNESS, LEG PAIN, TINGLING, NECK PAIN; INJECTIONS, CHIROPRACTIC CARE, MILOXACAM

none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; left leg muscle weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; 10/21/2014; There has been treatment or conservative therapy.; Pt has numbness and tingling in the upper extremities. numbness and tingling in to the lower upper extremities . mid back pain.; Physical Therapy , epidural injections, and medication therapy

not improving with anti inflammatory meds and pt has been non weight bearing//has increased and worsening numbness and tingling//uncertain is this is related to her back//pain radiates down both legs; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; worsening with motion with upper back or torso; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

pain for greater than 3 months. tried conservative measures with worsening pain. nsaids, steroids, heat and ice, pain meds, physical therapy all with no relief; This study is being ordered for a neurological disorder.; july 1 2015; There has been treatment or conservative therapy.; bilateral upper extremity weakness and radiculopathy, lumbago, t-spine pain, chest wall pain, low back pain; Nsaids, physical therapy, pain meds, heat and ice

pain getting worse with numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7.1.2015; There has been treatment or conservative therapy.; back pain, neck pain , numbness into fingers and both arms , tenderness; Medication , Home Exercise

pain radiates down right leg, decreased flexion and extension in her back, Nsaids and tramadol with no relief;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.

Pain, weakness, and paresthesia.; This study is being ordered for a neurological disorder.; 2 months of radicular low back pain. Pain radiates down left hip and leg. Pt c/o weakness and paresthesia in LLE. Pt has tried and failed steroids and anti inflammatorys.; There has been treatment or conservative therapy.; Sx are lower back and left hip pain, paresthesia and weakness in LLE. Pt c/o not being able to stand or walk for very long.; Pt has tried and failed on anti inflammatorys and steroids, as well as home PT (back exercises and stretching).

Palpable spasm with ROM, SLR + on Left at 30 degrees and - on Right; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Back pain with radation to left leg.; Taking Mobic and Tizanidine

Patient complains of left hip pain. He has had a long course of pain. We did x-rays which showed some arthritis in the hips and SI joints and lower lumbar spine. He had steroid was provided much relief and he also had SI joint injection bilaterally which ; 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 complains of left hip pain. He has had a long course of pain. We did x-rays which showed some arthritis in the hips and SI joints and lower lumbar spine. He had steroid was provided much relief and he also had SI joint injection bilaterally which ; The patient does not have new signs or symptoms of 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 had a CT done in June 2015 that showed levoscoliosis, degenerative changes, disc bulge, and protrusion/herniation.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

PATIENT HAS A 57 DEGREE RIGHT-SIDED SCOLIOSIS ON PLAIN X-RAY, (R) SIDE BACK PAIN, RADICULAR PAIN DOWN RLE, GAIT DISTURBANCE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09-17-2014; There has been treatment or conservative therapy.; (R) SIDE BACK PAIN, RADICULOPATHY DOWN (R) LEG, GAIT DISTURBANCE, SCOLIOSIS; NSAIDS, ORAL STEROIDS, NON-NARCOTIC PAIN MEDS, MUSCLE RELAXERS, STRETCHING EXERCISES, PLAIN X-RAYS, PHYSICAL THERAPY

Patient has back , has had previous MRI 2014, has had injection in May. Home exercises, no actual therapy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient has complained low back pain with bilateral radiculopathy for 1 year. Pain is unresolved with pain meds, steroid, nsaid and home exercise 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 had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pain is unresolved after 6 weeks of home exercise therapy.

Patient has degenerative disc - lumbosacral region and chronic pain. Has tried injections in the past.; 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.

Patient has had extensive treatment in the past. Physical therapy, pain management, and injections last year. MRI from 2014 showed significant bilateral foraminal stenosis in L4-L5 and L5-S1. He also has occasional pain right leg. These problems cont; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient has low back pain refractory to physical therapy w/radicular symptoms; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

patient has taken Ibuprofen and Flexeril; This study is 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 21, 2015; There has been treatment or conservative therapy.; worsening pain in neck and lower back; patient has completed physical therapy
Patient is experiencing back pain not relieved by pain medications.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

patient is on medication, and patient has osteoarthritis.; This study is being ordered for trauma or injury.; 1988; There has been treatment or conservative therapy.; back pain with radiculopathy and minimal relief; injections, PT

Patient needs study to be completed to proceed with surgical planning requirements.; This study is being ordered for a neurological disorder.; 2001; There has been treatment or conservative therapy.; Tingling of the right arm, of the right hand, of the posterior left thigh, and numbness of the right hand. Neck pain in trapezius extends into shoulder, increased by turning head, and progressively worsening. Low back pain is chronic. Mild weakness of the; Chiropractic therapy which did not help.

Patient requests to have Chiropractic Evaluation, which requires additional 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.; 2/26/2015; There has been treatment or conservative therapy.; Back Pain, Stiffness, Muscle Aches, Loss of Strength; Patient Failed Physical Therapy, Anti-inflammatory (Both OTC and RX strength), Steroid therapy (PO and Injectable), Muscle Relaxant Therapy

patient was hit by a car and x-rays were negative, and she continues to have pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.

Patient was prescribed cyclobenzaprine HCl 10mg 1tablet po bid for back muscle #60 pills also prescribed tramadol HCl 50mg 1 or 2 tablet po bid #120 for pain . He was also given Low Back pain exercises for home 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.

patient with continuing low back pain after motorcycle accident 4 months ago. no alleviating factors.; 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.

Patient with mid back pain with no causative trigger. Worse on the right side.  XRAYS SHOW COMPRESSION FRACTURE PHYSICAL THERAPY NOT HELPING MEDS NOT WORKING VERY GOOD FURTHER DIAGNOSTIC EVALUATIONS; This study is being ordered for trauma or injury.; 09/24/2015; There has been treatment or conservative therapy.; BACK PAIN,TENDERNESS OF MUSCLES ESPECIALLY ON THE RIGHT,VERY LIMITED ROM,RIGHT HIP PAIN,SPASMS; stop meloxicam due to abdominal pain. OK to continue with 81mg aspirin enteric coated. skelaxin, cyclobenzaprine, hydrocodone for pain, Physical Therapy. Evaluate and treat.

previous mri of lumbar showed disc pretusion on L4 & 5; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/24/2014; There has been treatment or conservative therapy.; arm pain numbness and weakness ; low back pain radiating to both bilateral lower extremitys; lumbar injections ; nerve root block ; medication therapy

Pt continues to have low back pain with radiculopathy despite conservative tx with oral medications and physical therapy. Will order MRI for further evaluation. I would like her to continue physical therapy at this time. I will start on Neurontin for her ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; scoliosis; tenderness to left SI area with palpation. Pt continues to have low back pain with radiculopathy despite conservative tx with oral medications and physical therapy. Will order MRI for further evaluation. I would like her to continue physical th; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Pt has had a prior abnl MRI of LS. Has tried low back exercises. Tried meloxicam with little relief.; 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 had PT among other conservative treatments without success.; 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.

PT HAS HAD SURGERY ON BACK ONCE ALREADY. BACK PAIN IS WORSE.
NEUROSURGEON WILL NOT SCHEDULE APPOINTMENT TO SEE PATIENT WITHOUT NEW MRI BEING PERFORMED.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decrease in ability to flex 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.

pt loss of sensation in both legs, l4 derma tomal pattern low back pain with radiation to both legs pain in l5to r1 dermatomal pattern; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above pt w/o improvement; anti inflammatory w/o 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.

pt with low back pain starting 2 yrs ago. Stiffness and radicular bilateral leg pain & numbness in buttock, thigh, lower legs and fee. Knee jerks 1+; hypereshtesia in L2,L3,L4 and bilateral L5 -Gabapentin rx's on 10/27/15 with no releif noted; xray done s; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.

Pt with recurrent right radicular lumbar pain w/ associated numbness.; 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.

Pts X-rays came back within normal limits and patient is still stating he is in pain. Needing MRI to rule out future injury so patient can return to work; This study is being ordered for trauma or injury.; Pt states that accident happened around 10/5/15; There has been treatment or conservative therapy.; Neck pain Acute thoracic back pain Lumbosacral radiculitis; Patient was sent to Physical Therapy and given medications to help with inflammation and pain

R/O HNP; This study is being ordered for a neurological disorder.; 11/21/2015; There has been treatment or conservative therapy.; pain  numbness  tingling; Anti inflammatories  Home monitored exercises

Radiculopathy, low back pain, weakness, parathesia, Physical Therapy ineffective and NSAIDS ineffective.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Radicular pain and symptoms down one leg and trouble sitting/getting up after long periods (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.

Recent MVA resulting in new, acute pain on top of patient's known chronic pain. Patient has been unable to tolerate physical therapy measures for the pain and reports no improvements since accident on 11/01; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Rule out blood flow obstruction to Left leg, r/o Abdominal aortic aneurysm, nerve impingement, bulging/herniated disc 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.; 12/1/2015 gradually getting worse. Increased pain and temp changes to extremity. Weakness Numbness tingling on Left Lower Extremity; There has been treatment or conservative therapy.; Pain, weakness, numbness tingling, claudication,; Steroid injection in clinic oral prednisone, pain medications and anti-inflammatory and CT ABD PELVIS last month

Sciatica LLE; 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

Scoliosis present; The study 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.; 3+ leg jerk with pain

See ICD 10 code per MDO; The study requested 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 R 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.

Still having pains in back, now having numbness down Left leg. LOP severe and nausea with any movement x week. radiating down left leg. numbness from knee to foot. doing PT but not helping. numbness is new. has done PT 4 weeks and NSAIDS and back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

TENDER TO LEFT LOWER BACK JUST LATERAL TO SPINE (L1-L3); The study requested 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.

The patient suffered an injury at work; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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 oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

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.

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.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.

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.

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

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.

The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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

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

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

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

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 does NOT have acute or chronic back pain.; The patient has Neurological deficit(s); 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.

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

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 an Abnormal x-ray indicating a significant abnormality

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?

THERE IS A 2CM OVAL MASS, NON-MOBILE MASS LEFT LATERAL T SPINE, MILDLY TENDER TO PALPATION, 1CM FIRM NON-MOBILE MASS TO LEFT LATERAL L SPINE, VERY TENDER TO PALPATION; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

this patient has had back problems for 10 years, but recently re-injured back. they are having radiculopathy along with back pain; This study is being ordered for trauma or injury.; 10/12/15; It is not known if there has been any treatment or conservative therapy.; back pain, with radiculopathy

this patient has had this pain for going on 6 weeks. she has parathesia in the arms and legs. she is a diabetic and her blood sugar is running high because of the pain; This study is being ordered for a neurological disorder.; 08/19/15; There has been treatment or conservative therapy.; neck pain, back pain, numbness in arms and legs and toes, tingling in fingers, left arm twitching; hydrocodone-acetimenophin, flexeril

unable to lift pt.; This study is being ordered for trauma or injury.; 10/26/2015; There has been treatment or conservative therapy.; Muscle weakness, decrease range of motion; steroids, medication, some PT and injection
unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.; legs are really weak and having numbness and tingling 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.

unknown; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; decreased mobility, joint tenderness, trouble sleeping, spasms, weakness, disc degeneration; PT and medication

We are sending patient to an orthopedic surgeon. These tests are needed so he can be seen and get his pain taken care of.; This study is being ordered for Inflammatory/ Infectious Disease.; March 26th of 2015; There has been treatment or conservative therapy.; decreased range of motion, sever pain; Radio frequency by orthopedic dr
We will need a fax number to provide the PT notes.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.; pt has known herniated disc at L4-L5 and L5-S1. she has recently started having worsening back pain and we are needing an updated MRI to see if there has been a change; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

< 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.

; This study is being ordered for trauma or injury.; pt. had the four wheeler fall on him 11-01-15.; There has not been any treatment or conservative therapy.; spinous process tenderness L3-L4. negative right ankle brachial reflexes.

Duration of Symptoms: Start: 10/21/2014; Physical Exam Findings: Pelvic pain x 1 year with Dysmenorrhea. US limited due to difficulty in fully visualizing. 5.3 hypoechoic structure etiology unclear noted on US. Possible Right adnexal mass could not be exc; 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.

member has a lump and it painful; 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.

Pain; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

patient had abnormal ultrasound; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.

Patient has been having pelvic pain with bleeding for a few weeks. The Dr. feels it could be an ovarian cyst and needs a CT to make sure before any treatment is given; The patient has painful hematuria.; It is unknown if the patient has had an IVP (intravenous pyelogram).; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.

Patient is having pelvic pain with a possible pelvic fracture. Patient is unable to bear full weight due to this fracture.; 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.

PT HAD HYSTERECTOMY IN 2006. OVARIES OBTAINED. HAVING VAGINAL BLEEDING. HAD CT ABD/PELVIS IN 2014 SHOWED SOME VASCULAR CALCIFICATIONS.; 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.

Pt has been on several rounds of antibiotic and as soon as antibiotics are out he starts back getting prostatitis and abdominal pain comes back and blood in urine again/ but when on the antibiotics is asymptomatic / Pt has Dysuria; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.

Small Bilateral Hydroceles small varicoceles on the upper left hemiscrotum and nonenhancing mixed echotexture process likely representing herniated mesenteric fat . recommend correlation with a follow up CT of the pelvic extending through the scrotum for ; The patient has painful hematuria.; It is unknown if the patient has had an IVP (intravenous pyelogram).; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.

Started having abdominal pain 4 days ago, initially thought it was gas pain, took some MOM, getting worse and after 2 days couldn't even sit up straight. Went to the ER last night but didn't want to wait so went back home before being seen. Pain is low; 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.

unknown; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

urine test came back with moderate blood. Urine culture is still pending.; 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.

will fax clinical info; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; February 2014; There has been treatment or conservative therapy.; chronic hip pain; physical therapy, tramadol for pain ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

bypass; 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.

has history of tarlov cyst , needs follow up MRI every few months to make sure healing properly; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

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.; 10-14-15; There has not been any treatment or conservative therapy.; Abdominal swelling mass and lump

Please schedule for MRI of Pelvis with and without dye at WCMC due to abnormal CT of pelvis showing possible fibro recommending MRI....JLR APRN; 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.

She did have an incidental finding of a nodule to her left adrenal gland.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; muscle weakness and pain; meds

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.

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.

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.

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.

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 CT Angiography of the upper extremity.

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

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.

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.

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.

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.

< 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.; Still painful and was giving home exercise to do at home; The patient received oral analgesics.

< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 years; There has been treatment or conservative therapy.; pain, decrease ROM on shoulder; steroids and pain meds

; 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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Bilateral shoulder pain x~1.5yrs, Crepitus is getting worse - no known injury - OTC ibu 600mg 2-3x per day. She has to take nsuids before working out to function. Ice occasionally for pain.  Xrays 1 year ago show no abnormalities; There has been treatment or conservative therapy.; Bilateral shoulder pain x~1.5yrs, Crepitus is getting worse - no known injury - OTC ibu 600mg 2-3x per day. She has to take nsuids before working out to function. Ice occasionally for pain. Xrays 1 year ago show no abnormalities; NSAIDS ineffective

has tried 3 weeks physical therapy, 2 chiropractor visits, follow ups with ortho dr, several medications- has had no relief for over 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.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; pt has done 3 weeks of physical therapy, 2 visits with chiropractor, f/u visits with ortho who also recommends MRI, and home treatment for more than 1 year but has had no improvement; meloxicam, hydrocodone, naproxen, tramadol, oxycodone, flexeril; The patient received medication other than joint injections(s) or oral analgesics.

just patient having pain and numbness that is not getting better; This study is 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 months; There has been treatment or conservative therapy.; patient has shoulder and cervical pain that is going to the neck and right arm or with numbness. this has been going on 2 to 3 weeks; patient got multiple injections of medicine for the pain

mdo skipped clinical questions and will fax clinical.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear. meniscus and ligament tear; This study is being ordered for trauma or injury.; 11/4/2015 elbow; It is not known if there has been any treatment or conservative therapy.; knee and elbow pain

Neg x ray of knee on 10-08-15 has been seeing chiropractor and has had steroid burst and Fexerial pm for muscle spasms and shoulder pain.; This study is being ordered for trauma or injury.; mva 02-06-2015; There has been treatment or conservative therapy.; Lt shoulder pain with neck pain numbness tingling burning and headaches. low back pain into left leg neg ct of lumbar c spine and t spine on 02-06-15. Pain has gotten worse in shoulder and left leg with lt knee pain and lt ankle pain.; pt has had steroid burst, taken fexeril pm and hydrocodone 10mg 325 and has seen a Chiropractor and rest but the pain has increased.

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.

Patient has noticed numbness and dull pain also feels a knot.; 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.

PATIENT HAS PAIN IN JOINT AND PAIN TO RIGHT HAND; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

Pt having right shoulder pain after injury. Medicines have not helped. Hurts with any movement or lifting above head; 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.

shoulder pain  worsening  radiculopathy worsening  entire arm and hand numb LROM; 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.; Since 6/22/15 3 and half months  worsening pain, LROM, no feeling in hand; naproxen  tramadol  prednisone  (will start soma and meloxicam); The patient received medication other than joint injections(s) or oral analgesics.

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";

The 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. >

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 injury of rt shoulder from fall at home that most likely is a rotator cuff tear because the patient grabbed a counter above her as she was falling to keep from hitting head on the floor. The weight of the patient and the force on the joint in an awkward

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; bypass clinical

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; decreased range of motion, pain, weakness, prepitis?, positive nears test, positive empty can test, decrease in strength, looking for rotator cuff tear

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; had physical therapy , but was not completed , and pain has returned

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."; known labral tare

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."; Musculoskeletal:: Ambulation: ambulating normally. Muscle Strength and Tone: Normal Muscle Strength and normal tone. Joints, Bones, and Muscles: no contractures, malalignment, or bony abnormalities; tenderness and limited ROM; (normal) posture, upper ante

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."; neurological disorder

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 LEFT SHOULDER AFTER INJURY 2 WEEKS AGO. PAIN WORSE WITH MOVEMENT-OTC MEDS NOT HELPING-PAIN KEEPING PT UP ALL NIGHT-XRAY WAS DONE DID NOT REVEAL ANY ACUTE BONY INJURY OR DISLOCATION.

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 left shoulder pain that started after waking up and picking up a cup of coffee. He c/o weakness in left arm. Also c/o numbness in his left arm and fingertips. He's had previous surgeries for torn bicep. There is also a burning near the inc

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 right shoulder pain. He has had pain and decreased motion in the right shoulder since August. His suburban fell on him while he was underneath working on it. He was seen in express care but imaging was not done on the shoulder. He continues to

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PATIENT FELL AT HOME 1 MONTH AGO. HAS HAD ANTI-INFLAMMATORIES, PHYSICAL THERAPY, AND JOINT INJECTION. PAIN IS CONTINUING AND BECOMING MORE SEVERE.

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 arm drop lost of function and dropping objects

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 history of rotator cuff in other arm. patient fell and hurt this arm. injuries are consistent with past history. still can't move arm, and medicine is not helping. we need this study to improve his care.

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 restricted motion in left shoulder. Patient has failed a course of prescription steroids and pain meds.

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 having pain in right shoulder has a history of dislocating shoulders has had surgery on left shoulder before

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 lay on shoulder due to pain at night. Patient has tried biofreeze, ice and heating pad. Has tried pain medicine with no relief. Has pain radiating to elbow. Limited range of motion when lifting arm. xray showed moderate ac joint osteo

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 cont to c/o pain to (L) shoulder that radiates up to the neck and down the arm. c/o pain with ROM. Aches at night. Was given steroid shot and NSAIDS with no improvement. Pain is at top of shoulder and is worse with movement. Xray was normal.

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt had 12 section of PT with no improvement

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 having weakness in LUE and increase in pain in shoulder. He also has decreased ROM.

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."; Reports numbness on the left side of the body , neck ,arm and side . Its slowly getting better , except arm . He can not lift his arm by itself . he has to take the other hand and assist it if needing to you it . possible rotator cuff injury .

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."; See diagnosis codes

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; severe left shoulder pain with decreased ROM without fracture of bone or other known injury

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 bil shoulder pain--- been going on for while but past few days is unbearable  limited ROM bil arms  If No Info Given.

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."; unresolved pain positive pinch nerves and unable to more hands above head. Patient has fail out patient management of NSAID rest and decrease in activity

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 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. >

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 visit of con care unable to tolerate

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Shoulders: Inspection Left: no atrophy and AC prominence normal. Bony Palpation Left: no tenderness of the greater tuberosity or the bicipital groove and tenderness of the acromioclavicular joint. Soft Tissue Palpation Left: no tenderness of the supraspin

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Shoulders: Inspection Right: no misalignment, swelling, or warmth. Bony Palpation Right: tenderness of the acromioclavicular joint and the bicipital groove. Soft Tissue Palpation Right: tenderness of the supraspinatus and the lateral cuff insertion and no

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.

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.

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.

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.

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.; < Enter answer here - or Type In Unknown If No Info Given. >; It is not known if 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.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;

The 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.; Decrease range of motion to the right shoulder, suspected rotator cuff tear

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.; decreased ROM

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.; Has had pain in the right shoulder for a few months. Was throwing a football on 10/14/15 and had sharp pain.

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 and stiffness

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 been healing from a left humeral neck fracture and we released him 1 month ago but he has began to notice worsening left shoulder pain that appears to be primarily in the joint. He does have some tenderness to palpation along the posterior mu

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 decrease range of motion. Abduction, flexion and extension

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; suspected rotator cuff tear xray in er were inconclusive pt did follow up given pain med in er no relief cannot raise arm

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

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; xray showed ((oct 7) arthritic -patient had rotator cuff injury years ago degenerative changes of ac joint glenohumeral

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.

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.

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.

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.

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.

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.

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.;

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; pt is being scheduled to see an orthopedic surgeon for possible surgery evaluation

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.

The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are no physical findings (palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; < Enter answer here - or Type In Unknown If No Info Given. >; The patient has not had a recent CT of the shoulder.

The requested study is a Shoulder MRI.; The pain is described as chronic.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).

The requested study is a Shoulder MRI.; The pain is described as chronic.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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 follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?; The request is for shoulder pain.

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.

The requested study is a Shoulder MRI.; The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.

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?

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).

The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The ordering physician is not an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.; c/o neck back and shoulder pain. complete pt for shoulder and still hurting. been taking alleve 2 at night.

The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The patient has not had recent plain films of the shoulder.; extremity abnormal motor strength (2/5 right shoulder to anterior and lateral flexion reduced secondary to pain). Joints, Bones, and Muscles: limited ROM (decreased from right shoulder to anterior flexion and IR

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.

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.

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.

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.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

This 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.

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.

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.

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.

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.

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 pt.; This study is being ordered for trauma or injury.; 10/26/2015; There has been treatment or conservative therapy.; Muscle weakness, decrease range of motion; steroids, medication, some PT and injection

unknown; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.

unknown; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; decreased mobility, joint tenderness, trouble sleeping, spasms, weakness, disc degeneration; PT and medication

will fax; 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 evaluation of wrist pain.

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/09/15; There has been treatment or conservative therapy.; Pt suffers from right arm numbness, hypertension and hypotension.; Medication; carotid doplar; Pt has different blood pressure reading in arms: Left reading high and right reading low.

Dr did a plain film on the pt with inconclusive findings. Want the CT for a better look. Pt can not have MRI cause he has a pacemaker.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2015; There has been treatment or conservative therapy.; Pain in the knees.; Pt was put on anti-inflammatory medication with no improvements.

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.

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.

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.

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

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.

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.

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.

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.

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.

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.

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.

x-ray report was abnormal and suggest a CT. Report states that pt. has a proximal tibial metaphysis. Shows a lesion.; This study is being ordered for trauma or injury.; 11-4-15; There has been treatment or conservative therapy.; pain, swelling, unable to walk on right leg and foot.; pt. was placed in brace and non weight bearing with crutches with no relief

Rule out blood flow obstruction to Left leg, r/o Abdominal aortic aneurysm, nerve impingement, bulging/herniated disc 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.; 12/1/2015 gradually getting worse. Increased pain and temp changes to extremity. Weakness Numbness tingling on Left Lower Extremity; There has been treatment or conservative therapy.; Pain, weakness, numbness tingling, claudication,; Steroid injection in clinic oral prednisone, pain medications and anti-inflammatory and CT ABD PELVIS last month

Yes, this is a request for CT Angiography of the lower extremity.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if the study is requested for knee pain; The study is not requested for any of the standard indications for Knee MRI

< 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.; 1/2015; There has been treatment or conservative therapy.; Diagnosed with pseudo cushion.; Physical therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2015; There has been treatment or conservative therapy.; was working out and heard a load pop and made he fall and has had swelling; MRI, injection, medication and is following up in a week

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9-3-15; There has been treatment or conservative therapy.; joint pain, right lower leg pain, numbness and tingling; ibuprofen, home physical therapy, hot and cold therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; severe pain in knee, lumbar spinal stenosis

; 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.

; 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.

; 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.

; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

; This is a request for a Knee MRI.; 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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; ; The patient received medication other than joint injections(s) or oral analgesics.

; 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. musculoskeletal pain  Onset: 6 weeks ago. It occurs intermittently. Location: right knee. The pain is aching and dull. Context: there is an injury. Trauma type: fall, occurred at home. The pain is aggravated by bending, walking and standing. A; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; There is no conservative treatment of Physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise. 49 year old male w/ knee pain for about one month; joint pain. xray showed No abnormalities.; 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. abnormal x-ray; 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

CHRONIC KNEE PAIN ,worse when walking , has tried medication nothing is helping , more he is on his feet the worse his knee gets; 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 results of the plain films is not known.; There are no documented physical or laboratory findings of a joint infection.; Known or Suspected Joint Infection

Foot/ankle - Right: 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.

Injections, pt has denied surgery due to payment and md wants to check the knee out.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.

injured ankle, went to er, normal xrays, still hurting , swelling, using crutches; 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.

injury 4 months  reinjury nov 15  did own p.t regimen since 4 months ago  persistent pain and edema  XR done and slight narrowing of joint space; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Look for a tear; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; 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.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.; No, the member do not experience a painful popping, snapping, or giving away of the knee.

MDO bypassing Medical Necessity Questions; 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.

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 not directed conservative treatment for the past 6 weeks.

meniscus and ligament tear; This study is being ordered for trauma or injury.; 11/42015 elbow; It is not known if there has been any treatment or conservative therapy.; knee and elbow pain

Neg x ray of knee on 10-08-15 has been seeing chiropractor and has had steroid burst and Fexerial pm for muscle spasms and shoulder pain.; This study is being ordered for trauma or injury.; mva 02-06-2015; There has been treatment or conservative therapy.; Lt shoulder pain with neck pain numbness tingling burning and headaches. low back pain into left leg neg ct of lumbar c spine and t spine on 02-06-15. Pain has gotten worse in shoulder and left leg with Lt knee pain and Lt ankle pain.; pt has had steroid burst, taken fexeril pm and hydrocodone 10mg 325 and has seen a Chiropractor and rest but the pain has increased.

NO; This study is being ordered for trauma or injury.; several years ago reinjured 11/02/2015; There has been treatment or conservative therapy.; The Pt has severe pain with prior injury and fractures. Pt is unable to ambulate.; The Pt has medication therapy, heat, wrap.

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.

old football injury with no improvement. exam findings consistent with ACL tear. MRI to evaluate for ACL 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 not directed conservative treatment for the past 6 weeks.

Patient got injury on 9/30 he fell/non weight bearing crutches/ pt has swelling and 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.

Patient has been having severe pain in the knee for 3 months. XRay completed concerned about medial meniscus 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.

Pt has sharp, tingling pain in knee that is worsening and not improved with pain meds. It interferes with sleep and work.; 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; Pain greater than 3 days

range of motion is limited to due tenderness; This study is being ordered for Inflammatory/ Infectious Disease.; Patient has had this pain, swelling and warmth to bilateral knees for greater than six weeks. Only getting worse and starting to buckle when ambulating.; There has been treatment or conservative therapy.; Swelling, popping and cracking upon rotation, tenderness to touch and palpation. Pain.; Physical therapy for weeks as well as NSAID's.

right knee swelling and in a lot of 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.

source of pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; months; There has been treatment or conservative therapy.; pain and swelling, hard to walk; medications, injections, physical therapy

Swelling, pain for 1-2 months. Has tried NSAIDS and knee brace. Palpable fluid.; 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.

The patient has had a cortisone injection without relief. She has also tried NSAIDs (Naproxen and meloxicam) with no relief; 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.

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.

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.

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.

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.

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.

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.

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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

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.

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.

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.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.

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.

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.

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.

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.

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.

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.

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.

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.

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

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

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

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

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.; 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.; ; Post-operative Evaluation

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.; continued pain since surgery 10/2015; Post-operative Evaluation

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.; possible tear; Post-operative Evaluation

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

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

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Locking

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

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

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.

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.

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

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.

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Exostosis, possible osteochondroma, of the proximal fibula.; 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.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days

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.

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; No, the member do not experience a painful popping, snapping, or giving away of the knee.

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

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

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.; 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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program

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

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; 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.

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.

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

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

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy

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?

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.

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 received joint injection(s).

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; Locking

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.

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

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."

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).

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.

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.

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a request for 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.

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.

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.

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

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.

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.

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.

Unknown.; This study is being ordered for Inflammatory/ Infectious Disease.; November 2015; There has been treatment or conservative therapy.; Weakness and pain; Patient is compliant with therapy. Regular exercise

Unknown; 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.

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.

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 not directed conservative treatment for the past 6 weeks.

x-rays completed 10-07-2015; home exercise; ice; meds; This study is being ordered for trauma or injury.; 09-26-2015; There has been treatment or conservative therapy.; left ankle and foot pain; medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; On going pain for years; Pain began to worsen 8/2015; There has been treatment or conservative therapy.; Bilateral pain; Worsened over the years; Pain pills and steroid injections helped only a little- Pain eased up but still present; Unable to complete daily activities or stand for long period of times; Tenderness; limited range of motion; Unable to bare a ; Steroid hip injections; Different RX's; Seen rheumatoid specialist; PT

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; February 2014; There has been treatment or conservative therapy.; chronic hip pain; physical therapy, tramadol for 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.; 1-9-2013; There has been treatment or conservative therapy.; PAIN AT REST AND LYING DOWN, LBP, HIP PAIN; HIP REPLACEMENT, THERAPY, MEDICATION

Mr. WILLIAMS presents with a diagnosis of passenger injury in MVA. This was diagnosed 10 days ago. The course has been progressively worsening. It is of severe intensity. They were traveling at 60 MPH and another vehicle pulled in from of them trying to c; 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.

patient had a fall last week. It gave her trouble. we ordered xray which confirmed she has a fracture. asked to order mri.; 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.

This is a requests for a hip MRI.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The hip pain is due to a mass.; The request is for hip pain.

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.

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has 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 has a documented limitation of their range of motion.

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 not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.

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 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.

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.

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).

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.

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).

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.

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.

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 a documented limitation of their range of motion.

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 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 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 does not have a documented limitation of their range of motion.

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.

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.

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.

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.

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.

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.

This patient is in a great deal of discomfort.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The initial onset date was on March 16th of 2015.; There has been treatment or conservative therapy.; The primary symptoms: Pain in the patients hip, and back that is radiating down her left leg.; 1. Hip Injections of Depo Medrol. 2. Physical Therapy 3. Medrol Dose Pack 4. Norco 7.5 5. Referral to the orthopedic doctor. 6. Mobic 15 7. Home exercises

to rule out 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.; patient has idiopathic neuropathy; There has been treatment or conservative therapy.; stabbing pain in both hips; patient has been treated with steroid treatments

< 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.; There is no known prostate cancer with a PSA 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.

< 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 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.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/04/2015; There has been treatment or conservative therapy.; shortness of breath//tenderness and swelling in the right upper quadrant//pain//elevated alt levels; medication without 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.; 05/13/2014; It is not known if there has been any treatment or conservative therapy.;

10/08/2015   Physical Exam Findings: multiple liver lesions noted on CT scan. Radiologist recommend CT Abd with Hemangioma. Abnormal Mutiple liver lesions 10/08/2015; 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.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no guarding, masses, rebound tenderness, or CVA tenderness; epigastric tenderness and LUQ tenderness; and non-distended.; 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

abdominal pain constipation/ blood in stool /ongoing for about 2 weeks and getting worse. xray 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

abdominal pain with nausea and vomiting over 10 days; 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

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

Abdominal palpitation revealed abnormalities protusion , tenderness above umbilicus. Would like to rule out Incarcerated ventral hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

abnormal liver function studies/AST is 61/ALT is 93/; 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

abnormal ultrasound, possibly liver parenchymal disease; 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

adrenal hypertrophy found on previous CT scan; 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

Calculus of left kidney and chronic low BP.; 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

DM2 patient uncontrolled. Obese patient with RUQ pain and palpable soft density; 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
follow up to abnormal 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 physician is not a hematologist/ oncologist.

For Hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

For lymphoma; 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

found pollup on gall bladder; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

LBP; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new symptoms including hematuria.

mass in gall bladder possibly; 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.

Mid abdominal pain, MD wants to rule out right side mid ventral hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Moderate to severe left upper quadrant pain for 2 weeks. Normal UA & bloodwork.; 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

Patient complains of hurting in his lower abdomen and across bladder. Patient has had bright red blood with bowel movement. Patient rates their pain 7-8 and has had to be seen in urgent care for this same issue.; 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

patient had ultrasound which revealed low potassium, focus on adrenal gland.; 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

Patient is experiencing ulcer disease, right sided lower back pain, gastro paresis, and upper 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

pt has abdominal pain. insomnia due to the pain. diabetic. thrombocytopenia.; 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

Pt has had elevated liver and pancreatic enzymes since March 2015. They have remained high, and gotten slightly higher; 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

PT HAS HAD EPIGASTRIC ABDOMINAL PAIN FOR THE LAST 3 MONTHS. HAD EGD THAT CAME BACK NORMAL. HAS LOWER STERNAL TENDERNESS. HAD AMYLASE AND LIPASE LABS DONE AND BOTH WERE NORMAL. TRYING TO FIGURE OUT WHAT IS CAUSING THE 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

pt has had normal colonoscopy normal, US; continued 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

R lower pain for two weeks now and the pain is getting worse.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

RIGHT UPPER QUADRANT PAIN,BACK PAIN AND BLOATING ULTRASOUND-NEGATIVE NEXIUM AND RANITIDINE STARTED -NO RELIEF ALL LABS -NORMAL FEVER-NONE; 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.

severe abdomen pain x 2 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

swelling main problem; 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

The patient has been complaining of left upper quadrant pain. He was taking ibuprofen for fever. The pain has been waking him up several times in the middle of the night. It is very tender to the touch. On physical exam, he had severe upper quadrant pain ; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

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.

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 is no known prostate cancer with a PSA 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.

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 is no known prostate cancer with a PSA 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.

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.

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.

This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is not newly diagnosed, it's known previous history.; There are new signs or symptoms other than hematuria.

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.

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.

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.

This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.

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 symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.

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.

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.

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

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.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Diabetic patient with gastroparesis.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; The hematuria is newly diagnosed.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Lymphadenopathy.

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.

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

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.

upper quad pain, nodule found on her liver, patient has had recent metastatic breast cancer. Weight lost and pain unrelieved.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; Yes, this is a repeat of a CT of the abdomen within 6 weeks.

Angina/Chest Pain   Reported by patient.  Location: chest; middle scapular; does not radiate  Quality: pressure; aching Severity: moderate  Duration: started 2weeks ago; lasts from minutes to hour  Onset/Timing: nocturnally (noted with first episod; This study is being ordered for Vascular Disease.; 10/22/15; There has not been any treatment or conservative therapy.; chest pain that woke patient from sleep

This is a request for CT Angiography of the Abdomen and Pelvis.

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 not been completed.; This study is being requested 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.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

< 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.

< 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.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >;

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 25 2015; It is not known if there has been any treatment or conservative therapy.; radiculopathy Cervical Hematuria and Nephrolithiasis /Right flank pain urgency in urination/ history of Nephrolithiasis /

. acute blood loss gaurding abd destention tenderness in left lower quad tachycardia blood in urine neg preg; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

.&#xOD; Physical Exam Findings: Pt had US 05/23/14 in Van Buren Arkansas. Was never followed up by PCP. Right Hydronephrosis with fluid dorsal to bladder with free intraperitoneal fluid. It was recommended then by radiologist to have CT abd and Pelvis with con; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.

; This is a request for an abdomen-pelvis 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.
; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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.; pt. has initial onset on 10-12-15; There has been treatment or conservative therapy.; abdominal pain, chest pain; pt. was placed on antibiotics, chest x-rays, and anti-inflammatory 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.; Patient has abdominal and chest pain, night sweats and elevated WBC.; There has not been any treatment or conservative therapy.; abdominal pain, chest pain, leukocytosis and night sweats. unexplained. needs ct to r/o lymphoma

1. Bilateral nonobstructive nephrolithiasis more prominent on the left than the right and progressive from the exam of 2011.; 2. 3 cm left renal hypodensity appears relatively unchanged, presumed cyst but could not be definitively characterized on this ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

abdominal pain with cramping for 4-5 weeks, worsened the past few days with nausea and diarrhea. white blood cells were elevated, concerned about diverticulitis or gastritis; This is a request for an abdomen-pelvis 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.

abdominal pain,vaginal bleeding,nausea,vomiting,bloating,heartburn,diarrhea,pain and bleeding with intercourse.  The severity of the problem is moderate. The location is peri-umbilical, right lower quadrant and left lower quadrant. The quality of 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.; A pelvic exam was NOT performed.

Abnormal HIDA scan ; r/o need for 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 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.

Associated symptoms include weight lost with no intention except for loss of appetite, or other symptoms include generalized abdominal pain, 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 did not have a amylase or lipase lab test.

chronic abdominal pain, constipation, pain radiates to her back; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

Chronic contipation, recent abnormal weight loss, chills, nausea, feeling of early satiety, 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.

Chronic radicular pain of lower back.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

COLON CANCER/ Caller is the PCP. Colon Rectal Surgeon recommended (Lance Burns MD, phone number is (501)664-2432- To see if there is metastasis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

CT abd/pel- rule out mass seen on previous abnormal abd exam 01/16/2014; CT chest r/o heart damage- patient thought she had a heart attack (patient had previous MI); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/04/2015; There has not been any treatment or conservative therapy.; chronic chest and abd/pel pain-

elevated white blood cell count, R/O appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

elevated white blood count (17.7); This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

epigastric pain and discomfort that radiates to the shoulder blades for the past 24 hours. The symptoms are constant, and described as a deep boring discomfort. There is some right upper quadrant pain too. Does have past medical history peptic ulcer disease; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed. FEVER, FATIGUE; This study is being ordered for Inflammatory/ Infectious Disease.; SEPT 1, 2015; There has been treatment or conservative therapy.; HIGH FEVER; ANTIBIOTICS

Flank (renal) pain hx of endometriosis, may be related; 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.

follow up to liver mass with biopsy showing fibrosis, and 10mm lung nodule; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; lung nodule and liver fibrosis; There has been treatment or conservative therapy.; abdominal pain, lower left quadrant weakness, inability to walk; patient was recently hospitalized, then discharged with home health and physical therapy

guarding with abdominal/pelvic pain, r/o diverticulitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.

Guarding, on right side flank pain. 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.

had night sweats and has tachycardia, rule out any 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 physician is not a hematologist/ oncologist.

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.

HERNIA IS PRESENT IN THE RIGHT INGUINAL AREA; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

HIGH WHITE BLOOD COUNT; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is 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.

History of renal cell carcinoma,unintentional weight loss, fatigue, night sweats u; 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 physician is not a hematologist/ oncologist.

Hx of kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

incarcerated 11/3/15, had problems urinating, nausea and vomiting. She has had IV fluids and a catheter and still having problems. Review of symptoms are positive for abdominal pain, low right side and right flank pain, and polydipsia. Findings on the phy; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.

Increased in size METS- Lung METS and Brain and bone 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

LLQ tenderness and RLQ tenderness; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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.

LLQ tenderness to palpitation of the abdomen; history of renal stone; the previous stone from 02/2015 had similar presentation; This is a request for an abdomen-pelvis 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.

mass removed in 2010, blood in stool; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.
mestinal hilar adnopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2015; There has not been any treatment or conservative therapy.; abnormal diagnostic imaging (ct angio coradid)

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.; 01/2013; There has not been any treatment or conservative therapy.; unexplained weight loss patient has lost over 45lbs since 1/2013 with no diet or exercise change which is causing blood pressure to drop

none; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.

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 performed.; The results of the exam were abnormal.

Patient complains of right lower abdominal pain for almost one week. Area tender to palpitation. Patient reports pain worsens with movement. White blood cell count 14.1. CRP at 0.60. suspicious for appendicitis versus diverticulitis.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

Patient has a possible incarcerated umbilical 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.

PATIENT HAS HEMATURIA AND FLANK PAIN UPON CLINIC ASSESSMENT; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

Patient has hematuria, flank and abdominal pain. R/O kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Patient has persistent elevated CRP, mild increase in liver enzyme studies. Patient had cholecystectomy in August and an essentially normal upper GI study in September but complains of consistent 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.

patient is having abdominal pain with nausea and 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.; It is not known if a pelvic exam was performed.

Patient is having severe abd pain. Blood and Leuks in urine. Sharp pains. Plain films obtained.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

patient seen in office 12/21/15 for follow up visit from 11/19/15. was treated for fluid overload from Nov visit. Complains of Shortness of breath as usual, cough, chronic diarrhea, decreased appetite, and weight loss. She is a current everyday smoker wit; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Pelvic mass, upper abd pain, chronic diarrhea.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

periumbilical pain with swelling that is getting worse. Pt also is experiencing dysmenorrhea for several months now, but a pregnancy test 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.

persistent right upper quadrant pain. No rebound. Does have guarding. Needs CT for further evaluation; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Positive for calcium-oxalate crystals in urine.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

pt c/o LLQ pain, has personal history of diverticulitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

pt had a MRI that showed a mass; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

Pt has been experiencing severe abdominal pain for the past few weeks along with irregular vaginal bleeding. She had an abnormal abdomen xray today that showed a possible small bowel obstruction; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.

PT has infection.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.

Pt has pain in rectal area and has trouble with bm.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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.

Pt has severe abd pain that was sudden. Bloating/swelling noted, Weight gain, and tenderness; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

pt is experiencing elevated white count and rebound tenderness in right lower quadrant.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.

Pt is having pelvic pain, dysuria and blood in urine; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

pt still having pain in low back and low abd. She has a longstanding hx of low back pain, but her abd pain seems to be a newer c/o. Was originally evaluated by Dr. Saul for this on 10/5. Was given Flomax for possible kidney stone. She followed up with me ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

r/o appendicitis vs tubal ovarian abscess; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.

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 NOT performed.

Rectal 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 physician is not a hematologist/ oncologist.

RIGHT AND LEFT UPPER AND LOWER ABD QUADRANT PAIN, NAUSEA, PAIN WORSENING WITH RADIATING PAIN TO THE BACK; This study is being ordered for Inflammatory/ Infectious Disease.; REBOUND, EPIGASTRIC, TENDERNESS, LLQ,  History of Present Illness:  1. abdominal pain  The severity of the problem is moderate. The problem has worsened. The location is right upper quadrant, right lower quadrant, left upper quadrant and left lower quadra; There has been treatment or conservative therapy.; STARTED 9/22/2015, CONSTANT, MODERATE, ABD PAIN, LOW BACK RIGHT SIDE, RADIATES TO UPPER BACK, SPASMS, WEAKNESS, RIGHT UPPER ABD AND LOWER QUAD, LEFT UPPER ABD/LOWER QUAD PAIN, BLOATED, NAUSEA; DEXAMETHASONE IM, HEAT PACKS, MELOXICAM, MEDROL DOSE PACK, TYLENOL, ADVIL, CLONAZEPAM

Stone in gall bladder; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s)

suspicious node on previous Pelvic CT; 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.

The patient has urinary frequency, bilateral flank pain that began 2 days ago, trying to R/O 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.

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.

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.

This is a request for an abdomen-pelvis 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.

This is a request for an abdomen-pelvis 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.

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.

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.; It is not known if this patient is experiencing hematuria.; Kidney/Ureteral stone; Unknown

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

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.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor

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

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 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

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 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; Palpable large abdominal pain in his left upper quadrant on physical exam

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 a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

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.; It is not known if there is an 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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.; Ept needs abdominal pelvic ct. with contrast. due to abnormal alpha feto protein tumor marker and elevated LFTs. Has had previous breast cancer. Moved here from another state.

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 Acute Non-ulcerative Colitis.; 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.

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.

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 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.

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.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; r/o diverticulitis and nephrolithiasis

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; 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.; Patient has shortness of breath, vomiting, appetite change, and diarrhea.

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.;

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.; severe abdominal pain, nausea, vomiting, tenderness on exam,

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.

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.

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

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

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; Patient had hernia surgery back in July of 2015 and has been complaining of pain in region for the past six weeks.

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; two years of abd pain started getting worst in the past two weeks  Patient had a c section 3 months

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

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 not for planned or possible ventral hernia repair ordered by a surgeon.; The pre-op evaluation is not for a known tumor excision.; The pre-op evaluation is not for a known abdominal infection.; Pre-op or post op evaluation; This is for an Incisional Hernia from a previous abdominal surgery.

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; 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.

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.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other

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

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.

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.

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 Ulcerative Colitis.; 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.

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.; It is not known if there are 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.; Follow up to abdominal pain. Patient went to ER for abdominal pain .

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.; It is not known if there are 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.; nausea, vomiting, RLQ abd pain

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 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.

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; 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.; Was concerned this pain and bloating is being caused by the over growth in bacteria due to her virus 1 month ago and causing some colitis. Treated patient with 2 different antibiotics and when antibiotics were finished patient was not any better. Would li

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.; Duration of Symptoms: Start: 11/08/2015   Physical Exam Findings: diarrhea, abdominal pain, RLQ FURTHER EVALUATION, R/O:APPENDICITIS

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.; Generalized abdominal pain noted. This is located primarily in the left lower quadrant. It does not radiate. It began 10 days ago. The onset of pain occurred with no apparent trigger. He characterizes it as sharp. It is of moderate intensity. He es

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.; n/a

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 ABDOMINAL PAIN FOR OVER A MONTH WITH GENERALIZED TENDERNESS WANTS TO RULE OUT KIDNEY STONES

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 AN ABNORMAL BODY TEMPERATURE AS WELL AS ONGOING ABDOMINAL PAIN. HAS HAD SOME CONSTIPATION AS WELL.

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 is having abdominal pain with history of abdominal hernia, episode of nausea, vomiting with continued abdominal pain and soreness

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.; r/o diverticulitis

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;

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>

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; ABD PT in lower right quadrant.

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 and pelvis tenderness, abnormal finding in urine not specified moderate and worsening pain burning tenderness to the touch

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

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 for 6 weeks in duration. Normal gallbladder ultrasound. Continued nausea without vomiting due to promethazine.

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 for weeks, involuntary guarding on exam.

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, r/o protrusion possible hernia at belly button area, pain for 2-3 weeks, onset appeared 2-3 weeks ago without notice prior,

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 pelvic exam and ultrasound

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 X-Ray, having abdominal pain

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; Answered no

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; Continued abd. pain, intermittent low-grade fevers, nausea, no vomiting, foaming mucus stools. RLQ pain extends to pelvic area. R/o Appendicitis or Ovarian Cyst.

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; Diverticulitis  Diabetes mellitus Abdominal pain

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; Frequent sharp stabbing abdominal pains and UTI with frequency and urgency.

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; GENERAL: well developed, well nourished, in no apparent distress  GASTROINTESTINAL: normal bowel sounds; no masses or tenderness; no organomegaly  GENITOURINARY: bladder: normal; CVA Tenderness present on the left  MUSCULOSKELETAL: grossly normal tone

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; hernia on palpations

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; HPI  Mr. Gossett comes in for a follow-up visit. He was seen 1 month ago for LLQ abdominal pain. He reports his abdominal pain has not improved. It has actually worsened over the past week. He denies changes in bowel or bladder habits. No fever or

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; hx of diverticulitis, patient has a fever, patient has infection in the left lower quadrant.

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; intermittent vomiting and feels sick frequently the last few days, Has some mild diarrhea. stat she has had intermittent lower abd pain and cramping the last several months. she has had and US that did not show acute findings

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; Left abdominal pain x 4 months, nausea with no vomiting, pain radiates to her back

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; lower ABD Pain!!

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; Lower abdominal pain and diarrhea

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; lower abdominal pain, decreased urination, dark orange urination

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; Nausea, vomiting, diarrhea and fever for 3 weeks

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; No clinicals available

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; none

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; nonr

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

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 after eating-

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; Palpation: Abdominal palpation revealed abnormalities, diffuse abdominal pain more in the midepigastic,RUQ, and LLQ. Hernia: A hernia was discovered, small umbilical hernia.

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 experiencing abdominal pain, elevated liver functions, weak and has difficulty performing daily activities. Continued weight loss.

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 an Ultrasound that showed an ovary that should not be there. This CT is needed to re-evaluate that situation.

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 been having abdominal pain for the last 6 weeks, history of diverticulosis, left lower quadrant pain, bowel sounds are hyperactive.

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 rt and lft flank pain for 2 years. Acute cystitis with sharp pains. Frequency of urination.

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 had abdominal pain epigastric pain and left lower quadrant pain for two months. Patient has had colonoscopy that was normal. No nausea, vomiting or diarrhea Increase in GERD symptoms.

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 had abdominal pain with diarrhea x 3 weeks. She has taken antibiotics to treat colitis as she has a history of this. she completed the antibiotics but still with symptoms. we request CT of abdomen and pelvis for further evaluation.

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 had moderate to severe right flank pain and abdominal pain for 1.5 weeks. His CBC came back with elevated WBC count. Was worried he was trying to pass a stone however, he had a urinalysis done that came back clean.

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 not had her menstrual cycle in a while and the pain is in pain

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 peritoneal pain/ anorexia.

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 suffered for quite some time, and she seems to be getting worse. I am thinking that there may be a cyst in her abdomen or pelvis causing her pain and worsening of symptoms.

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 is experiencing left lower quadrant abdominal pain. She has also had nausea and vomiting as symptoms. We are trying to rule out any kind of ovarian cyst or stone.

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 is having abdominal pain, constant for over 1 week, bowel habit changes, and nausea. She has not traveled any where and no one around her is ill.

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 reports that she also has symptoms of belching and constipation.

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's had lower quadrant pain

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, difficulty urinating,

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 for nausea, vomiting, abdominal pain and diarrhea.

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 experiencing abdominal pain 3 weeks duration, moderate intensity, meals aggravate, nausea/bloating, gall bladder ultrasound was negative with expectation of constipation

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 having abdominal pain for about 2 months. PT bowels are irregular. Pain is worsened with abnormal plain film.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt has had unexplained generalized abdominal pain for other a month with no relief

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 upper quad pain radiates to back has nausea no vomiting

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 lipase came back high.

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 urinary tract infections, two rounds of antibiotics with no changes

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; RLQ pain

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; RUQ pain; r/o hernia

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; SOURCE ABDOMINAL PAIN , DIVERTICULITIS.

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; SUPRAPUBIC; HURTS INTO HER THIGHS, CHEST PAIN, TENDERNESS

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; The mother is in a medical field , fever, lower abd pain , clammy had a good bm last night and this morning , rule out appendicitis , pt denies any injury.

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; The Pt has lower abdomen pain hurts getting up or sitting down, right side X 1 month.

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; to make sure bile duct is not blocked

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; Ultrasound showed lesion

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

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; Vomiting   Reported by patient.   Notes: Patient is here today with his mom due to vomiting. Patient's mother states that it first started last spring and happened twice where lasted a week or so each time. She states that he has no other symptoms and

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

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone

This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; pain for 5 days middle back radiating pain injection with no relief

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;

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; elevated hmh/pain

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; Patient is having trouble urinating and it is due to enlarged prostate

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Onset of lower abdominal pain with mild rebound. Mass felt on exam on right lower quadrant.

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; patient as a very large palpable mass the extends from the upper abdomen into the pelvis. patient has noticed for 3 weeks, and has come into the office for evaluation. dr perser needs this ct asap to find out what this mass is.

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

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

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.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Pt had abdominal surgery in Oct. Hasnt had normal stool since. On physical exam, mass was palpated. Pt has pain in abdomen.

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.; 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.; Suspicious Mass or Tumor;

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.; 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.; Suspicious Mass or Tumor; patient has been treated for shingles and for kidney stones and kub was negative, and abdomen pain

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

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

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;

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; <Enter Additional Clinical Information>

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; hernia

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; patient is having a lot of pain

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 generalized abdominal pain

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 sever abd pain associated with it.

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 R/O metastases

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.; It is not known if there is an 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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Went to ER for abdomen pain and vomiting. Going on for several weeks.

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 abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

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 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.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; &Enter Additional Clinical Information&

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 R/O metastases

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 been a recent previous abdominal and or pelvis CT scan.; This would be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.; Please see PDF fax on original case.

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 abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;
Yearly CT scan

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

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.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Trauma;

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 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.; Trauma; Abnormal finding on an x-ray. Small nodule

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

This is a request for an abdomen-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.

ultrasound came back fine, recom 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 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.

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. urq pain; nausea; abd tenderness and guarding; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

weight loss, right pleural effusion, anemia, elevated platelets, and hyponatremia; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

; 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.

HAS A MAN WRAPPED AROUND HIS PANCREASIS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.; 10-14-15; There has not been any treatment or conservative therapy.; Abdominal swelling mass and lump

She did have an incidental finding of a nodule to her left adrenal gland.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.; unknown

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are not physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis."; "There are no active or clinical findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.";

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.";

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."; upper abd pain , vague , no radiation , not triggers No assoc SX's , hx pancreatitis Unknown If No Info Given.

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."; history of L renal mass with cryoablation, last MRI in 5/2015 showed new lesion recommended 3 month f/u MRI to check stability of the lesion

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."; This was previously an incidental finding. Last imaging was over a year ago. Ruled to be benign.

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."; none

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.";

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.

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.

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. >

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."; abnorman CT , bacteria in urine , enlarge prostate , flank pain , fever ,

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 - abdominal ultrasound showed mass of 4cm x 2.2cm x 1.6cm and 4mm gallbladder polyp

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."; Hapatocellular carcinoma protocol. Abnormal findings on diagnostic imaging of other abdominal regions including retroperitoneum. Abnormal ultrasound.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Incidental finding of 3.1 cm hepatic lesion on noncontrast CT.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Incidental finding of a 3.1cm solid mass in the left kidney on ultrasound

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Liver mass was found on abdominal ultrasound.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Multiple masses seen in the liver

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 that showed some spots and recommended MRI for further imaging.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient has a 3.5 left adrenal mass seen previously on a CT Scan. Per radiologist he recommends further evaluation of this mass by doing an MRI of the Abdomen to rule out an adrenal adenoma

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 ABN ultrasound with lesion in liver.

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 having abdominal pain and bloating had an abnormal ultrasound questionable liver mass per radiologist recommendation mri with and without contrast is requested

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."; Two suspicious appearing enhancing lesions within the liver with indeterminate characteristics on both US and CT. Findings are suspicious for possible fibronodular hyperplasia, hepatic adenoma or atypical hemangioma. Recommended correlation with a follow

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; UNKNOWN

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; US showed cyst or adrenal mass. .

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ct done by cardiologist on 09/28/2015 found indeterminate 2.8cm round lesion in the inferior right lobe of the liver. this could be further characterized with contrasted-enhanced mri

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 a CT abd done 8/6/15 for abdominal pain - showed Anterior pancreatic head lobulated appearance is more prominent on today's exam than on the prior exams. Lesion demonstrates normal enhancement in comparison to the remainder of the pancreas an

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; Pt has had CT and has hypokalemia. CT was abnormal and radiologist recommended patient have MRI of abdomen. Possible pancreatic body/tail lesion. Neuroendocrine tumor is not excluded.

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Pt has a left hepatic lobe hyper-vascular lesion

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; pt has elevated liver functions. has seen GI. labs are trending up and doctor would like mri to assess.

HAS A MAN WRAPPED AROUND HIS PANCREASIS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.
This is a request for a MR Angiogram of the abdomen.

cough and shortness of breath Levaquin 500mg patient is diabetic heart disease and Ischemia Trying to R/O Cancer; This is a request for a CT scan for evaluation of coronary calcification.

Yes, this is a request for CT Angiography of the abdominal arteries.
Yes; Limited or Follow up other than Sinus CT; Chest

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.

Breast density; 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.

left breast swelling , invasive ductal carcinoma; This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; It is not known if this is 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.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.

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.

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.

This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.

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.

This is a request for Parathyroid SPECT imaging.; patient has elevated PTH level with symptoms of dizziness, myalgias and fatigue

< 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; 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).

< 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's age is between 45 and 64.; The patient 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.

chest pain , syncope , shortness of breath , mytrol valve prolapse tachycardia; The patient is not diabetic.; The patient is less than 45 years old.; 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).

chest pain w/diaphoresis, known smoker- pack a day, normal EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

elevated blood pressure; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

family hx of CAD; L side chest pain w/ shortness of breath; abnormal EKG; abnormal lab; 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's age is between 45 and 64.; The patient 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.

hypertension with headaches, chest pain not related to activity, tachycardia, exercise restriction due to size/weight uncontrolled 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Previous X Ray showing an abnormality; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

seen in office 11/23/15 complaining of chest pain for 14 days, thought it was muscular but is not improving. Pain is described as tight and sharp. has shortness of breath at times. CXR and EKG done in office - not acutely concerning. B/P in office 148/94.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Stress echo 8/5/15 showed abnormalities; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

The patient has had an abnormal treadmill stress test indicating the need for stress cardiolyte. Precordial chest pain with left arm 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's age is between 45 and 64.; The patient 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 at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.

The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

The patient is not diabetic.; The patient is less than 45 years old.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.

The Pt has 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient 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.

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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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 the patient has had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; 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 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; The patient 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 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

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's age is between 45 and 64.; The patient 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 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 a request for a 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 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 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 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 a request for a 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 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 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 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.

given his history of atrial fib,diabetes and recent syncopal episode I feel it necessary to run these tests to evaluate his symptoms; This study is being ordered for a neurological disorder.; 11/29/15; There has been treatment or conservative therapy.; syncope, lightheadness; diabetic patient is already on blood thinner therapy and has been for over a year

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.

This a request for an echocardiogram.; This is a request for a 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.

This a request for an echocardiogram.; This is a request for a 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.

This a request for an echocardiogram.; This is a request for a 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

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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.

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.

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.

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.

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.

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.

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.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.

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.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

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.

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.

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease

This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) 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 did NOT quit smoking in the past 15 years.; The patient has signs or symptoms of Lung Cancer.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) 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.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) 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 request is for a Low Dose CT for Lung Cancer Screening (S8032); This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The patient has not quit smoking.

; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. Enlarged liver was incidentally found on an abdominal CT back in August 2015. This is her 4 month follow up exam.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

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.

He bumped heads with someone and injured his jaw; This study is being ordered for trauma or injury.; 10/2015; There has been treatment or conservative therapy.; Jaw pain, limited range of motion, swelling and tenderness (left side of the jaw); Anti inflammatory medication

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.; None of the listed reasons for the study have been selected.

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 requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

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."; The study is requested for headache.

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 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Patient is having unrelieved recurrent sinusitis.

Radiology Services Denied Not Medically Necessary

.....; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

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.

Radiology Services Denied Not Medically Necessary

; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;

aneurysm repair 2011; 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.

Radiology Services Denied Not Medically Necessary

Answered no; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

Answered no; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

bypass clinical; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Change in headaches and getting more severe.; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Change in seizure activity, persistent headaches.; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

chronic hiccups.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

constant headache with blurred vision; This study is being ordered for Inflammatory/ Infectious Disease.; August 28th, 2015; There has been treatment or conservative therapy.; right side headache with blurred vision and frontal sinus pressure; antihistamines and anti inflammatory

Radiology Services Denied Not Medically Necessary

Convulsions, nose bleed; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

dizzy pass out if shower 12/15/2015 am, nausea, may have head injury due to fall,; 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. FAMILY HISTORY OF MULTIPLE SCLEROSIS AND SHOWING SIGNS, DIZZINESS; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

family hx of aneurysm; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Fell about a week ago and hit the left side of her head. Headache is worsening on L side, and eye is getting more and more bloodshot as pain worsens.; 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.

Radiology Services Denied Not Medically Necessary

Head trauma. Patient fell off chair and hit head. Persistent headache for over 2 weeks.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Headache - General   Reported by patient.  Quality: not the worst headache ever; not similar to previous headaches; tightness Duration: intermittent but daily, has had for several months, but is progressively worsening.  Onset/Timing: gone now; inter; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

headache since accident 3 days, feels different than any others she had had. intensity of headache changes in the shower.; 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."; The study is requested for recent head trauma or injury.

Radiology Services Denied Not Medically Necessary

HEADACHE, NECK STIFFNESS, BACK PAIN.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2015; There has been treatment or conservative therapy.; HEADACHE, NECK STIFFNESS, BACK PAIN; 10/28/2015 TRAMADOL HCL

Radiology Services Denied Not Medically Necessary

Headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. headaches have been worsening the past few months. Severe in intensity Tylenol/Ibuprofen not helping the pain, Pain is bilateral, mostly forehead, radiates into ears.; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

headaches have increased in frequency and cause 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.

Radiology Services Denied Not Medically Necessary

HX of chiari syndrome.; This study is being ordered for a neurological disorder.; 11/30/15; There has been treatment or conservative therapy.; Dizziness, headache and ringing in the ears. Pain in base of the neck.; Medications

Radiology Services Denied Not Medically Necessary

HX of migraines been seen in ER 9/12/2015 AND 9/18/2015; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

involuntary tremors; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

left frontal pain, headaches associated w/stress, photofobia, vertigo, dizziness, memory loss, personality changes, anxiety; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Radiology Services Denied Not Medically Necessary

Memory loss, fatigue, and dizziness and confusion.; 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.

Radiology Services Denied Not Medically Necessary

memory loss, loss of consciousness, blurred vision; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Memory loss; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Mental status change.; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Mental status change; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

migraine headaches after ejaculation; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

N/A; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

near syncopal spells ,dizziness  mother with brain tumor; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Neck stiffness,C4 and c5 tenderness; This study is being ordered for trauma or injury.; 9-13-15; There has not been any treatment or conservative therapy.; Headache,nausea,vomiting,dizziness

Radiology Services Denied Not Medically Necessary

New onset, episodic, throbbing, left-sides, temporal, occipital, has some left sided head pain tha is concerning him, he feels a lot of pressure and popping when he bends to that side; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

None; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

none; 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.

Radiology Services Denied Not Medically Necessary

none; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

none; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

optimostris is requesting the ct for eye exam coming normal.; 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.

Radiology Services Denied Not Medically Necessary

Pain in right upper extremity; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

pain is worse on left side of face and swollen; 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.

Radiology Services Denied Not Medically Necessary

patient has a ringing/roaring sound in her had that is getting worse, she is dizzy and lightheaded,, takes her 30 minutes to get out of bed due to the room spinning, her being sick to her stomach from the dizziness , her eyes are twitching left to right ; 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.

Radiology Services Denied Not Medically Necessary

Patient c/o face warmness, eye feel tight right side. Patient having right sided headache day of visit on 9/28/15.; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Patient complained of headaches 3x a week that are getting worse. He also has large knot behind right ear that is painful to touch. Diagnosed as adenitis until CT confirms.; 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.

Radiology Services Denied Not Medically Necessary

Patient has done physical therapy in home since 5/6/15 and still complains of back pain and provider also order physical therapy again when patient cam in complaining of back problems on 10/14/15; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/6/15; There has been treatment or conservative therapy.; low back pain; physical therapy at home

Radiology Services Denied Not Medically Necessary

PATIENT HAS HAD A RECURRING HEADACHE EVERYDAY FOR THE PAST TWO MONTHS.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Radiology Services Denied Not Medically Necessary

Patient has memory loss stops in the middle of sentences and forgets what he was saying.; 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.

Radiology Services Denied Not Medically Necessary

Patient is complaining of new onset of worse headaches but states he has been diagnosed with migraines in the past. States he has been under a great deal of stress lately; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

Radiology Services Denied Not Medically Necessary

patient is having dizziness for two month has had meds and requesting CT instead of PT patient mother dead at a young age and would like to R/O; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Patient returned to office stating headaches are worsening and cannot take the meds prescribed because of reaction to them. Chest pain and disoriented are some of the symptoms.; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

patient right eye vision lost.; 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.

Radiology Services Denied Not Medically Necessary

Patient says that it feels like electric shock starting at base of head and moves to the whole head, Has headaches.; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

patient was getting better after hitting her head but is now condition is worsening; 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."; The study is requested for recent head trauma or injury.

Radiology Services Denied Not Medically Necessary

Patient with headache for greater than 2 weeks no relief with treatment of fioricet, toradol, BC Powder, tramadol. Needing further evaluation for this headache; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Pt has a history of migraines, that are getting worse and now resulting in seizure activity.; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

pt has been having syncopal episodes.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Pt has been on migraine medication and has been on over the counter medication and has been taking antibiotics with no relief. She has had headache now for 3 weeks with no relief, 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.; Severe headaches not better with medication. This has been ongoing for 3 weeks.; There has been treatment or conservative therapy.; Headaches and chronic sinusitis. Pt has been on Levaquin antibiotics also.; Medication, otc medication and imitrex which is prescribed for migraines.

Radiology Services Denied Not Medically Necessary

pt has had headaches with history of migraine, head ache getting worse with sensitivity to light and sound; 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.

Radiology Services Denied Not Medically Necessary

PT hit her head on counter; 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 is experiencing sensitivity to light. has nausea, no meds have helped; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

PT went to the eye doctor and diagnosed with papilladema.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

pt with new onset of significant memory deficits; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

r/o stroke; paralysis on right side of face. visual problem and headaches.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

RECORDS TO BE FAXED IF NEEDED; 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.

Radiology Services Denied Not Medically Necessary

Recurring Syncope and collapse; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

right sided head pain; 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."; The study is requested for recent head trauma or injury.

Radiology Services Denied Not Medically Necessary

Rqight droopy eye since patient had neck surgery; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

seen in office 11/13/15. patient has episodic headaches, feel fluish, no energy and misses several days of work. This has been ongoing for several years, with no cause found. Provider and patient would like to have CT of head done.; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Seizures are becoming more frequent.; 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.

Radiology Services Denied Not Medically Necessary

SEVERE VOMITTING; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

specialist requesting imaging prior to seeing pt; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; back pain and headaches; medication and Pt for 3 month with abnormal xray imaging.. For headaches medication

Radiology Services Denied Not Medically Necessary

Sudden onset headache of 10 days duration with visual changes.; 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.

Radiology Services Denied Not Medically Necessary

Sudden onset of Double Vision which is now causing headaches.....; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

suffering from headache, 9 days; nothing is taking it away.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as 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.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

This patient has been having these severe headaches for years now... He was evaluated by a specialists at Arkansas Children's Hospital in Little Rock, AR, but was not treated. He has failed multiple oral medications for his headaches, but nothing has help; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

To evaluate headache and abnormal vision; This study is being ordered for a neurological disorder.; pt with several months of HA qday. they last hours to all day. they respond well to aleve some days but not others. + double vision occ. + visual aura. + neck spasm. no missed meals or fluids. no caffeine changes lately. no fever. no syncope. + h; There has been treatment or conservative therapy.; pt with several months of HA qday. they last hours to all day. they respond well to aleve some days but not others. + double vision occ. + visual aura. + neck spasm. no missed meals or fluids. no caffeine changes lately. no fever. no syncope. + h; Patient has been taking sumatriptan and Flonase with no relief. Patient has also been seen by ophthalmology and exam was negative for any findings.

Radiology Services Denied Not Medically Necessary

Tremors and shaking in the hands; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

unknown; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

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 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.

Radiology Services Denied Not Medically Necessary

unknown; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

unsteady gait, nausea, heaache; 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.

Radiology Services Denied Not Medically Necessary

we would like to see if her thyroid has gotten any bigger.; This study is 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 been having problems with her thyroid prior to 4/22/15. pt she has gotten worse.; There has been treatment or conservative therapy.; pt has been having behavior difficulties, hair loss, and severe fatigue, difficulty swallowing; pt has been placed on thyroid medication for treatment.

Radiology Services Denied Not Medically Necessary

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, 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"

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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; There has been treatment or conservative therapy.; Swelling and pain of the left side of his face and neck greater than 1 month.; Antibiotics for 1 month, Ibuprofen

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Atypical face pain.; 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.

Radiology Services Denied Not Medically Necessary

constant headache with blurred vision; This study is being ordered for Inflammatory/ Infectious Disease.; August 28th, 2015; There has been treatment or conservative therapy.; right side headache with blurred vision and frontal sinus pressure; antihistamines and anti inflammatory

Radiology Services Denied Not Medically Necessary

Fever Nasal drainage, Rhinorrhea, Sinus pressure, Sore throat.
Cough Headache, Nocturnal awakening,this has been going on x 1 month,sinus
congestion and pain; This study is being ordered for sinusitis.; This is a request for a
Sinus CT.; The patient is immune-compromised.

Radiology Services Denied Not Medically Necessary

HEADACHE, NECK STIFFNESS, BACK PAIN.; This study is being ordered for something
other than: known trauma or injury, metastatic disease, a neurological disorder,
inflammatory or infectious disease, congenital anomaly, or vascular disease.;
10/14/2015; There has been treatment or conservative therapy.; HEADACHE, NECK
STIFFNESS, BACK PAIN; 10/28/2015 TRAMADOL HCL

Radiology Services Denied Not Medically Necessary

Ordered by ENT for Sleep Apnea and 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.

Radiology Services Denied Not Medically Necessary

Pain to palpation left maxilla . small ulcer in the left palate.; This study is being ordered
for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-
compromised.; The patient's current rhinosinusitis symptoms are described as (sudden
onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain,
pressure and reduction or loss of sense of smell, which are less than 12 wks in
duration); It has been 14 or more days since onset AND the patient failed a course of
antibiotic treatment

Radiology Services Denied Not Medically Necessary

Provider is trying to rule out loculated sinus cavity and the patient is not responding to
antibiotics.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.;
The patient is NOT immune-compromised.; The patient's current rhinosinusitis
symptoms are described as (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

Radiology Services Denied Not Medically Necessary

Pt has been on migraine medication and has been on over the counter medication and has been taking antibiotics with no relief. She has had headache now for 3 weeks with no relief, 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.; Severe headaches not better with medication. This has been ongoing for 3 weeks.; There has been treatment or conservative therapy.; Headaches and chronic sinusitis. Pt has been on Levaquin antibiotics also.; Medication, otc medication and imitrex which is prescribed for migraines.

Radiology Services Denied Not Medically Necessary

Rule out facial neoplasm.; 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.

Radiology Services Denied Not Medically Necessary

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)

Radiology Services Denied Not Medically Necessary

To evaluate headache and abnormal vision; This study is being ordered for a neurological disorder.; pt with several months of HA qday. they last hours to all day. they respond well to aleve some days but not others. + double vision occ. + visual aura. + neck spasm. no missed meals or fluids. no caffeine changes lately. no fever. no syncope. + h; There has been treatment or conservative therapy.; pt with several months of HA qday. they last hours to all day. they respond well to aleve some days but not others. + double vision occ. + visual aura. + neck spasm. no missed meals or fluids. no caffeine changes lately. no fever. no syncope. + h; Patient has been taking sumatriptan and Flonase with no relief. Patient has also been seen by ophthalmology and exam was negative for any findings.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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; There has been treatment or conservative therapy.; Swelling and pain of the left side of his face and neck greater than 1 month.; Antibiotics for 1 month, Ibuprofen

Radiology Services Denied Not Medically Necessary

.....; This study is 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.;

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/2015; There has been treatment or conservative therapy.; SWELLING OF THE NECK AND CLAVICLE AREA FOR UNKNOWN REASONS; PATIENT WAS DIAGNOSED WITH HYPOTHYROIDISM AND IS TAKING LEVOTHYROXINE

Radiology Services Denied Not Medically Necessary

Neck stiffness,C4 and c5 tenderness; This study is being ordered for trauma or injury.; 9-13-15; There has not been any treatment or conservative therapy.; Headache,nausea,vomiting,dizziness

Radiology Services Denied Not Medically Necessary

Patient complains of a knot on the left posterior lower aspect of his neck. Patient reports that the knot at times will get much larger and when it does it affects his vision. He later reports that he doesn't know if it actually affects his vision or if h; 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.

Radiology Services Denied Not Medically Necessary

Pt w/ persistent fullness right neck and multiple throat infections. R/O mass/abscess.; 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. tender in chest/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.; 2 weeks ago; There has been treatment or conservative therapy.; swollen lymph nodes, cough; ultrasound neck, chest xray, iron tablets

Radiology Services Denied Not Medically Necessary

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

Radiology Services Denied Not Medically Necessary

no further 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.; july 2005 or 2006; There has been treatment or conservative therapy.; pt experiencing radiating headaches, pain radiates down neck arms shoulders down to legs; given injections for headache
Yes, this is a request for CT Angiography of the brain.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2013; There has not been any treatment or conservative therapy.; Neck pain , hyperreflexia , syncope , neropathy

Radiology Services Denied Not Medically Necessary

no further 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.; july 2005 or 2006; There has been treatment or conservative therapy.; pt experiencing radiating headaches, pain radiates down neck arms shoulders down to legs; given injections for headache

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

rule out possibility of a brain tumor b/c of her history and the chronic continuous olfactory hallucinations not related to migraine; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; Sinusitis,Olfactory hallucinations, Migraine, TIA, memory changes; She has taken Bactrim and was referred to ENT. ENT said that her olfactory hallucinations were from a frontal lobe issue. She has had a history of migraines that have returning recently. She had memory issues with one last week.

Yes, this is a request for CT Angiography of the Neck.

Radiology Services Denied Not Medically Necessary

"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

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; "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

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.; 11/13/2015; There has been treatment or conservative therapy.; double vision, syncope episodes; Eye patch over the left eye, rested over the weekend

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; shoulder and neck pain

Radiology Services Denied Not Medically Necessary

; "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

Radiology Services Denied Not Medically Necessary

3month follow-up post radiation; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

cervicalgia with neurological deficits; "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

Radiology Services Denied Not Medically Necessary

Patient has chronic neck pain; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation

Radiology Services Denied Not Medically Necessary

SEVERE IN THE NECK; "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

Radiology Services Denied Not Medically Necessary

The symptoms occur constantly. Associated symptoms include: swelling, sharp/aching pain, pressure. Patient states symptoms are acute & have worsened. Patient radiates from site to right ear down right side of jaw & neck; This study is being ordered for trauma or injury.; 11/9/2015; There has been treatment or conservative therapy.; The symptoms occur constantly. Associated symptoms include: swelling, sharp/aching pain, pressure. Patient states symptoms are acute & have worsened. Patient radiates from site to right ear down right side of jaw & neck; Warm compresses as needed; Take medication as prescribed; Follow up with primary dentist; Steroid injection given; antibiotics (AMOXICILLIN 500 mg) prescribed, hydrocodone 7.5 mg acetaminophen 325 mg tablet. Patient is compliant, has been seen the foll

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; severe sudden head aches with nausea vomiting numbness and tingling; been on medication

Headache (R51). 1. will check this fasting and tx as needed 2. will recheck inr may in the future see about changing to a xa inhibitor 3. will check inr 4. will refer to cardio asap pt is very high risk. pt also to keep bp log and bring it in in 2 w; This study is being ordered for a neurological disorder.; pt here to establish, pt with history of pe and cad and mood disorder that had been managed by the VA. pt with history of cabg and stents 3 different times. pt complains of episodes of chest pain and tightness and then a feeling of loss of equilibrium. pt ; There has been treatment or conservative therapy.; rim. pt went to the er multiple time in the past most recent was 11-22-15. pt also complain of frequent headaches mostly to right side of the head no visual loss with episodes. pt also with history of pe and has been on blood coumadin for about 2 years. f; Medication Name Sig Desc Start Date fluoxetine 20 mg tablet take 1 tablet by oral route every day in the morning 12/04/2015 warfarin 6 mg tablet take 1 tablet by oral route every day 12/04/2015 doxepin 25 mg capsule take 1 capsule by oral rout

Radiology Services Denied Not Medically Necessary

no other info given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has not been any treatment or conservative therapy.; PT is experiencing Headache, visual disturbances, and Light and motion sensitivity.

Radiology Services Denied Not Medically Necessary

RECORDS TO BE SENT; 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.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

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.; OCTOBER 1, 2015; There has not been any treatment or conservative therapy.; SEVERE HEADACHE WITH ORGASM

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.; 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).

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

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 sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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; There has been treatment or conservative therapy.;
NUMBNESS IN THE TOES; MEDICATIONS

Radiology Services Denied Not Medically Necessary

(will fax); This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient 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.

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).

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.

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 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.

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 lab results were normal; The patient is experiencing dizziness.

Radiology Services Denied Not Medically Necessary

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing dizziness.

Radiology Services Denied Not Medically Necessary

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.

Radiology Services Denied Not Medically Necessary

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

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.

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).

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; severe sudden head aches with nausea vomiting numbness and tingling; been on medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 9/11/2015; There has not been any treatment or conservative therapy.; Headache, Neck pain, numbness in hands and feet, weight loss, weakness, impaired concentrations, myalgia, dizziness, unsteadiness.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 9/30/2015; There has been treatment or conservative therapy.; Middle back pain, patient describes pain as sharp, shooting & stabbing. Symptoms aggravated by daily activities, ascending stairs, changing positions, lifting, pushing, sitting, standing, twisting & walking; Patient given an steroid injection on 9/30/15. Over the counter anti-inflammatory medication. Also provided with at home exercises, and rest

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

3month follow-up post radiation; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

bypassed clinicals; 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.

Radiology Services Denied Not Medically Necessary

Confusion, acute memory changes associates with onset vertigo and headache. Patient is unable to recall clearly the last several days.; 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.

Radiology Services Denied Not Medically Necessary

Dr. Barnett is wanting to know why this patient is unable to move her neck without it hurting. Also, he has tried all of the medicines he can think of to treat this patient with and nothing seems to be working. The patient is in a great amount of discomfort; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The first onset for the headaches started on July 20th of this year, 2015. But, she had been having these headaches for over a month and none of the over the counter medicines had been working for her.; There has been treatment or conservative therapy.; Headache for more than 2 months. Neck pain at the base of the neck. Both hands are going numb.; Topamax- 50mg; Imitrex- 50mg; Ultracet- #10

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown If NMs. Bradshaw presents in follow up from clinic visit She was diagnosed with headaches. The patient has been taking: the following prescriptions: fioricet. The patient's course has not improved. Additionally, s; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown If No Info Gi; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

fatigue, numbness and weakness on her left side of the body; 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.

Radiology Services Denied Not Medically Necessary

having daily HA, sometimes for a few hours, sometimes all day long. Headache is "all over" She is worried because mother had a pituitary tumor at the age of 23. She did go to eye doctor and has ordered new glasses, was told her vision did not change much; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

Headache - General   Reported by patient.  Location: orbital; frontal  Quality: not the worst headache ever; similar to previous headaches  Duration: constant  Onset/Timing: worse over time; still present; started last night  Modifying Factors: Imp; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

Headache (R51). 1. will check this fasting and tx as needed 2. will recheck inr may in the future see about changing to a xa inhibitor 3. will check inr 4. will refer to cardio asap pt is very high risk. pt also to keep bp log and bring it in in 2 w; This study is being ordered for a neurological disorder.; pt here to establish, pt with history of pe and cad and mood disorder that had been managed by the VA. pt with history of cabg and stents 3 different times. pt complains of episodes of chest pain and tightness and then a feeling of loss of equilibrium. pt ; There has been treatment or conservative therapy.; rim. pt went to the er multiple time in the past most recent was 11-22-15. pt also complain of frequent headaches mostly to right side of the head no visual loss with episodes. pt also with history of pe and has been on blood coumadin for about 2 years. f; Medication Name Sig Desc Start Date fluoxetine 20 mg tablet take 1 tablet by oral route every day in the morning 12/04/2015 warfarin 6 mg tablet take 1 tablet by oral route every day 12/04/2015 doxepin 25 mg capsule take 1 capsule by oral route

Radiology Services Denied Not Medically Necessary

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).

Radiology Services Denied Not Medically Necessary

lab results pending.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing dizziness.

Radiology Services Denied Not Medically Necessary

Mother has Chiari Malformation-the genetic type. Patient concerned she may also have this.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

Mrs. Cooper stated she has suffered from short term memory loss and/or amnesia. We need MRI to rule out any internal problems; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; 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.

Radiology Services Denied Not Medically Necessary

new onset of headache and never had a headache like this one; 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. Over the past month patient has been having episodes of vertigo. He describes the symptoms as being "swimmy headed feeling." He is also having trouble focusing, concentrating and his mind going blank. He does have frequent bilateral headache and neck disc; 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.

Radiology Services Denied Not Medically Necessary

Patient also has had vision changes, dizziness and 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.

Radiology Services Denied Not Medically Necessary

PATIENT COMPLAINS HE'S HAD 3-4 YEARS OF PAIN BEHIND THE EYES TRIGGERED BY DIFFERENT SMELLS. IT HAS NOT BEEN RESOLVED BY RESTING.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

Patient Fell over 10 Ft off a roof.  Constant vertigo since fall- 8/25/15; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

PATIENT HAS A BREAST DISCHARGE AND BREAST LUMP, LOOKING AT THE PITUITARY GLAND; 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.

Radiology Services Denied Not Medically Necessary

patient has recent grand mal seizures at work place we need this study to rule out changes in her brain thanks; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.

Radiology Services Denied Not Medically Necessary

Patient has post concussion syndrome and has dizziness.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Radiology Services Denied Not Medically Necessary

patient has some head trauma in 2010, patient sees a physiatrist and this was also recommended by that doctor; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

Patient with acute onset of neck pain and headache not relieved with prescribed 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.; 09/27/2015; There has been treatment or conservative therapy.; acute neck pain , headache ,  unrelieved by pain medications or muscle relaxers.; Toradol Injection and Tizanidine 4mg at bedtime , that was given 09/28/2015.

Radiology Services Denied Not Medically Necessary

pt came in very dizzy occurring since summer.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.

Radiology Services Denied Not Medically Necessary

Pt has been having decreased memory for past 6 months thats getting worse; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Radiology Services Denied Not Medically Necessary

pt has tried imitrex and other pain medications such Fioricet; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

strong family history of aneurysm; 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).

Radiology Services Denied Not Medically Necessary

swelling, fever.  completed 3 rounds of antibiotics, seen for sinus infection, tooth infection.  Since October 2015.  Left ear pain  Recurrent ocitus media; 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.

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.

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.

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 lab results were abnormal; The patient is experiencing dizziness.

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.

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.

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.; OCTOBER 1, 2015; There has not been any treatment or conservative therapy.; SEVERE HEADACHE WITH ORGASM

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.; severe migraine radiating from behind her right eye; neck pain with radiculopathy down L arm to fingertips; 6 wks of ibuprofen, fioricet, bupap

Radiology Services Denied Not Medically Necessary

will fax clinical info; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

will fax; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

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.

Radiology Services Denied Not Medically Necessary

"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.

< 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.

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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.

Radiology Services Denied Not Medically Necessary

; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

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.

Radiology Services Denied Not Medically Necessary

; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is 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.

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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; 07/27/2010; There has been treatment or conservative therapy.; Abdominal pain Abdominal Bloating Hemoptysis;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2015; There has been treatment or conservative therapy.; left sided pain without any injury, no treatment has helped. Cough with mucous and blood.; Patient was given flexeril and hydrocodone to help with the left sided pain and it has not helped.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2015; There has been treatment or conservative therapy.; RUQ abdominal pain; Meloxicam  cyclobenzaprine

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/2015; There has been treatment or conservative therapy.; SWELLING OF THE NECK AND CLAVICLE AREA FOR UNKNOWN REASONS; PATIENT WAS DIAGNOSED WITH HYPOTHYROIDISM AND IS TAKING LEVOTHYROXINE

Radiology Services Denied Not Medically Necessary

3month follow-up post radiation; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Abnormal chest xray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

Abnormal Weight loss not otherwise explainable; looking for metastatic disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; past year; 6/30/2014; There has been treatment or conservative therapy.; Abnormal Weight Loss; Increased caloric intake; inconclusive lab results

Radiology Services Denied Not Medically Necessary

angina, pain located in the middle of chest which starts and stops quickly accompanied by SOB; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Chronic Non Productive Cough, XRay exam here in clinic were normal. Was on Lisinopril but was taken off and has continued to cough. Cough has been for over 2 months.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Constitutional: Constitutional: no fever or fatigue and good appetite, normal activity level, and excess 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.; Approximately 9 mos ago; It is not known if there has been any treatment or conservative therapy.; 30 pound weight loss over a 9 month period. Also has dark tarry stools.

Radiology Services Denied Not Medically Necessary

cp; hx asthma; sob;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

CT in 2012 with masses. Has not thought about it until now, wants to 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.

Radiology Services Denied Not Medically Necessary

discussed new recommendation concerning screening for lung cancer in people with years of tob use--how its preferred over CXR; 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.

Radiology Services Denied Not Medically Necessary

Follow up study of a Ct scan that found a enlarged lymph node along with scaring;
"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.

Radiology Services Denied Not Medically Necessary

Had an 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.

Radiology Services Denied Not Medically Necessary

NAUSEA AND VOMITING AND WORSENING COUGH; This study is being ordered for Inflammatory/ Infectious Disease.; JUNE 2015; There has been treatment or conservative therapy.; LEFT CHEST WALL PAIN AND DIFFUSE ABOMINAL PAIN. ALSO NAUSEA AND VOMITING AND WORSENING COUGH; ANTIINFLAMMATORY WAS GIVEN IN JULY 2015. PAIN IS WORSENING AND PATIENT WANTS SOMETHING DONE.

Radiology Services Denied Not Medically Necessary

normal respiratory rate and pattern with no distress; decreased breath sounds throughout;; rhonchi heard throughout;; expiratory wheezes in the bases; ; no egophany;  CARDIOVASCULAR: normal rate and rhythm without murmurs; normal S1 and S2 heart sounds; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

painful increasing in size one , nodule to the left of clavicle , which is not easily seen on x ray; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

Patient has COPD, acute bronchitis and is a tobacco user. In the physical exam there were rhonchi, rales/crackles and a decrease in breath sounds heard; "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.

Radiology Services Denied Not Medically Necessary

PATIENT HAS KNOT IN UPPER ABDOMEN, MORE IN THE CHEST. VERY PAINFUL. ON EXAMINATION PRESSING ON THIS AREA MADE HER NAUSEATED TO THE POINT OF VOMITING.; "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.

Radiology Services Denied Not Medically Necessary

Patient is a documented smoker, physician requests screening CT.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; 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.

Radiology Services Denied Not Medically Necessary

patient is having chest pains; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Patient states that she has been treated for a lung infection over the past couple of months with three rounds of antibiotics. States that she was diagnosed with pleurisy yesterday and had a chest X-ray. Went to the ER last night for severe abdominal pa; 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 physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Pelvic mass, upper abd pain, chronic diarrhea.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

point tenderness lateral of lumbar spine with positive straight leg. pt. is having rib, abdominal and low back 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.

Radiology Services Denied Not Medically Necessary

previous cancer of colon, 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 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. Pt has been having Chronic LUQ Abdominal Pain, L sided Rib pain, chest wall pain for @ 5 months. Pt had Chest xray that was normal, and Bone Scan that was normal. She continues to have pain. Dr is looking for any masses or abnormality that could be cau; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/oncologist.

Radiology Services Denied Not Medically Necessary

PT HAS KNOWN EXPOSURE TO ASBESTOS FROM WORKING CONSTRUCTION FOR 20 YEARS. HE HAS A CHRONIC COUGH THAT DOESN'T RESOLVE AND HAS NO OTHER SYMPTOMS.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

pt has persistant cough that causes vomiting. pt has some shortness of breath and wheezing while lying down. doctor wants to r/o whooping cough due to pertussis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pt is having chest pain.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

SORE THROAT SHORTNESS OF BREATH AND WHEEZING CHEST PAIN NORMAL RATE BUT INCREASED EFFORT NOTED. INSP AND EXP WHEEZING DIFFUSELY AND ABLE TO HEAR IT LOUDER OVER TRACHEA AFTER NED SILL INSP WHEEZING BUT EXP WHEEZING RESOLVED; This study is being ordered for Inflammatory/ Infectious Disease.; 10-15-2015; There has been treatment or conservative therapy.; SOB WHEEZING SORE THROAT AND CHEST PAIN; NEBULIZER

Radiology Services Denied Not Medically Necessary

SUFFERS FROM CHF, HEAVY MENSTRAL CYCLES, SINCE BIRTH HAS HAD CARDIOMYOPATHY; "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.

Radiology Services Denied Not Medically Necessary

tender in chest/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.; 2 weeks ago; There has been treatment or conservative therapy.; swollen lymph nodes, cough; ultrasound neck, chest xray, iron tablets

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; pt has had recent trauma to chest wall from a fall, pain of chest wall and history of copd; The ordering physician 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.

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.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; also had rocephin 1mg injection today at our clinic.; "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.

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; hemoptosis and 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.

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; patient has had progressively worsening right sided chest wall pain for two weeks.; "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.

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; recurring respiratory infections. patient is heavy smoker, wanting to check for pneumonia.; "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.

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; SOB, weakness, night sweats; "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.

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; The Pt has atelectasis, and early pneumonia.; "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.

Radiology Services Denied Not Medically Necessary

Unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

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.

Radiology Services Denied Not Medically Necessary

worsening 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Karla Roach is a 46 y.o. female. Who complains of worsening cervical neck, thoracic and lumbar back pain. Cervical spine onset 2004 after rear ended in car accident with 14 weeks of physical therapy and back at that time. She has since undergone radiofreq; There has been treatment or conservative therapy.; mid & low back pain with numbness in extremities.; Karla Roach is a 46 y.o. female. Who complains of worsening cervical neck, thoracic and lumbar back pain. Cervical spine onset 2004 after rear ended in car accident with 14 weeks of physical therapy and back at that time. She has since undergone radiofreq

Radiology Services Denied Not Medically Necessary

; 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/2015; There has been treatment or conservative therapy.; Arthritis, cervical pain radiating down arm, chronic right shoulder pain.; Anti-inflammatory and pain meds, at home exercises.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Several months; There has been treatment or conservative therapy.; Neck pain, right sided back pain with sciatica; Physical Therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Patient was involved in a MVA in 2008. Patient had c-spine surgery. Patient is having radiculopathy to bilateral shoulders. Bilateral arm weakness. C/o pain for the last year. Patient having l spine pain with radiculopathy to right buttock. without prior h; There has been treatment or conservative therapy.; neck pain, shoulder pain, arm weakness, low back pain, right leg pain.; NSAIDS and anti-anflammatories tried and failed with continued pain not controlled. Patient has not tried physical therapy.

Radiology Services Denied Not Medically Necessary

Abnormal c spine xray to show loss of disc space height at the c5-c6 and c6-c7 intravertebral disc space.; 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.

Radiology Services Denied Not Medically Necessary

Has been going on for a while but has gotten worsen over the weekend; Denies trauma to the neck ever; Robaxin didn't help, but hydrocodone did; Worse at night; Had numbness in her hand over the weekend that lasted about a day; Warm shower and ice didn't h; 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.

Radiology Services Denied Not Medically Necessary

Neck pain and low back pain; This study is being ordered for a neurological disorder.; 08/12/2015; There has been treatment or conservative therapy.; Pt has primary incapacitating pain complaint of NECK AND LOW BACK PAIN whose history of present illness and physical exam is consistent with CERVICAL RADICULOPATHY as their primary pain generator. Secondary pain generators include CERVICAL DDD AND LUMBAR; anti inflammatory meds, exercises

Radiology Services Denied Not Medically Necessary

No clinicals available; 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.

Radiology Services Denied Not Medically Necessary

numbness in right side of face and right hand; 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.

Radiology Services Denied Not Medically Necessary

Patient fell and is having sharp pain in her neck that is worse with movement.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

Radiology Services Denied Not Medically Necessary

Patient has a neck mass.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

Radiology Services Denied Not Medically Necessary

Patient has decreased range of motion along with weakness. She experiences pain in her shoulder when moving her neck.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

Radiology Services Denied Not Medically Necessary

Patient has increasingly gotten worse with neck pain and unable to move right shoulder very well.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. patient involved in a motor vehicle accident today; 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.

Radiology Services Denied Not Medically Necessary

patient rates his pain a 3/10. he states he has a burning sensation. patient is having neck pain and back pain; This study is being ordered for trauma or injury.; 11/13/15; There has been treatment or conservative therapy.; neck pain and mid back pain; patient has taken hydrocodone and muscle relaxers

Radiology Services Denied Not Medically Necessary

PREVIOUS GUN SHOT WOUND. PREV CHEST X-RAY.; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; CHEST AND MIDDLE BACK PAIN

Radiology Services Denied Not Medically Necessary

pt has neck and shoulder pain that radiates. pt has tingling in fingers. pt had previous CT that shows herniation at c6-7; 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.

Radiology Services Denied Not Medically Necessary

Pt is experiencing thoracic back pain with numbness and tingling in left hand.; 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.

Radiology Services Denied Not Medically Necessary

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. sever neck pain over two weeks w/o relief of OTC medications MDO prescribes muscle relaxers a X=-ray was done in office results negative; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

The patient neck pain, arm numbness, history of spinal stenosis.; 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.

Radiology Services Denied Not Medically Necessary

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.

Radiology Services Denied Not Medically Necessary

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT

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 years ago; There has been treatment or conservative therapy.; back pain, numbness, tingling; therapy and meds
Xray done-showed no fracture-radicular pains reproduced with cervical foraminal compression (spurlings); 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Check catheter function of current pain pump to eval for replacement pump; This study is being ordered for trauma or injury.; 07/08/2008; There has been treatment or conservative therapy.; Dull, aching, radiating, continuous spine pain. Radiation to bilateral lower extremities.; Steroid Injection, Physical Therapy, Radiofrequency, Narcotic Analgesics, NSAIDs, Pain Pump

Radiology Services Denied Not Medically Necessary

mri done before / pain in spine /; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

Radiology Services Denied Not Medically Necessary

Patient has a history of back surgery fusion T11 to L3 after motor vehicle accident. Patient recently fell off of horse and landed on back and is now having pain.; This study is being ordered for trauma or injury.; 10/05/2015; There has been treatment or conservative therapy.; upper and lower back pain, pain with activities, muscle spasm. tender to palpate in bilateral paraspinal muscles, decrease range of motion.; Patient has been taking motrin and using heat. On 10/19/15 started Cyclobenzaprine and Norco.

Radiology Services Denied Not Medically Necessary

patient rates his pain a 3/10. he states he has a burning sensation. patient is having neck pain and back pain; This study is being ordered for trauma or injury.; 11/13/15; There has been treatment or conservative therapy.; neck pain and mid back pain; patient has taken hydrocodone and muscle relaxers

Radiology Services Denied Not Medically Necessary

PREVIOUS GUN SHOT WOUND. PREV CHEST X-RAY.; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; CHEST AND MIDDLE BACK PAIN

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 years ago; There has been treatment or conservative therapy.; back pain, numbness, tingling; therapy and meds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; severe back pain/high bp

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Several months; There has been treatment or conservative therapy.; Neck pain, right sided back pain with sciatica; Physical Therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Patient was involved in a MVA in 2008. Patient had c-spine surgery. Patient is having radiculopathy to bilateral shoulders. Bilateral arm weakness. C/o pain for the last year. Patient having l spine pain with radiculopathy to right buttock. without prior h; There has been treatment or conservative therapy.; neck pain, shoulder pain, arm weakness, low back pain, right leg pain.; NSAIDS and anti-inflammatories tried and failed with continued pain not controlled. Patient has not tried physical therapy.

Radiology Services Denied Not Medically Necessary

Check catheter function of current pain pump to eval for replacement pump; This study is being ordered for trauma or injury.; 07/08/2008; There has been treatment or conservative therapy.; Dull, aching, radiating, continuous spine pain. Radiation to bilateral lower extremities.; Steroid Injection, Physical Therapy, Radiofrequency, Narcotic Analgesics, NSAIDs, Pain Pump

Radiology Services Denied Not Medically Necessary

Neck pain and low back pain; This study is being ordered for a neurological disorder.; 08/12/2015; There has been treatment or conservative therapy.; Pt has primary incapacitating pain complaint of NECK AND LOW BACK PAIN whose history of present illness and physical exam is consistent with CERVICAL RADICULOPATHY as their primary pain generator. Secondary pain generators include CERVICAL DDD AND LUMBAR; anti inflammatory meds, exercises

Patient has a history of back surgery fusion T11 to L3 after motor vehicle accident. Patient recently fell off of horse and landed on back and is now having pain.; This study is being ordered for trauma or injury.; 10/05/2015; There has been treatment or conservative therapy.; upper and lower back pain, pain with activities, muscle spasm. tender to palpate in bilateral paraspinal muscles, decrease range of motion.; Patient has been taking motrin and using heat. On 10/19/15 started Cyclobenzaprine and Norco.

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.

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.

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 years ago; There has been treatment or conservative therapy.; back pain, numbness, tingling; therapy and meds

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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.; Compromise of neural; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.; Patient is still having intermittent, sharp pain in the neck that radiates to his hands with numbness. The treatment was a little over 8 weeks.

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 not directed a home exercise program for at least 6 weeks.

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.; unable to grip or use L hand or R hand. Very restrictive ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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.

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.; 10/15/2015; There has been treatment or conservative therapy.; Neck pain with radiculopathy to upper extremity back pain with radiculopathy to lower extremity; -NSAIDS x 3 mos -muscle relaxant x 2013

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/18/15; There has been treatment or conservative therapy.; Can't turn neck without pain Reoccurring headaches; At home exercise Flexeril, Percocet, Soma, Topamax

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.; 7/13/2015; There has been treatment or conservative therapy.; radiculopathy to arms and legs, weakness, neuropathy, muscle weakness, numbness and tingling, limited range motion; meds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; numbness of right arm/hand chronic neck pain

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/27/2015; There has been treatment or conservative therapy.; low neck and back pain; IB Profen

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2/2015; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; shoulder and neck pain

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/14/2015; There has been treatment or conservative therapy.; shoulder pain radiates down arm, hands, fingers, pain is worst when patient is at rest; physical therapy/prescribed meds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/22/2015; There has not been any treatment or conservative therapy.; mbr has pain in back and neck and weakness and numbness in arms and legs. abnormal x ray on 9/24/2015

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2015; There has been treatment or conservative therapy.; back pain; pain medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; neck pain, radicular pain to shoulders and upper arm; steroids, conservative exercises for the 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.; 9/17/15; There has been treatment or conservative therapy.; upper back pain neck pain with radicular pain, left upper extremity; physical therapy no relief

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.; bypass clinical; 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 >;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

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.; 9/4/2015; There has been treatment or conservative therapy.; pain and discomfort, hard time standing, lower back pain, numbness to feet, tingling down the legs.; physical, strength

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.

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.;
Document Cervical back: She exhibits decreased range of motion, tenderness and pain.;
The patient does not have new signs or symptoms of bladder or bowel dysfunction.;
There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;
Neck pain w/radiculopathy for 10 months. No improvement with conservative treatment;
The patient does not have new signs or symptoms of bladder or bowel dysfunction.;
There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;
neck pain, numbness and tingling in hands. completed pt w/no improvement of symptoms;
The patient does not have new signs or symptoms of bladder or bowel dysfunction.;
There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;
pt is ahving weakness and numbness in 3rd 4th and 5th fingers in right hand. pt is having hypesthesia in right unlar nerve left c6 and LEft T1 T2;
The patient does not have new signs or symptoms of bladder or bowel dysfunction.;
There is not x-ray evidence of a recent cervical spine fracture.

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 with gripping, better with prednisone, down into wrist. lifting/moving; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.;

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 11/3/2015; There has been treatment or conservative therapy.; thoracic pain, back pain, cervical pain; 6 weeks physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 9/11/2015; There has not been any treatment or conservative therapy.; Headache, Neck pain, numbness in hands and feet, weight loss, weakness, impaired concentrations, myalgia, dizziness, unsteadiness.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; brain lesions appeared in MRI that was done in 2014. Numbness in hands started in March 2015.; There has been treatment or conservative therapy.; abnormal nerve conduction study showing upper motor neuron lesion causing numbness in 4th and 5th digit of R hand. Patient states it feels like pins and needles.; Patient has been on steroids. The symptoms are worsening with rapid onset.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; may 2014; There has been treatment or conservative therapy.; neck pain , which causes patient to have headache. he went to the emergency room in October for the same symptoms and they gave me a steroid injection; Physical therapy 3 times a week for 6 weeks . Which did not relieve pain . He is also been prescribe Prednisone 20mg , Mobic 15mg, Baclofen 20mg, also oxycodone acetaminophen 10-325mg for pain , fiorinal for headaches .

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; Patient has continues to have problems with her back and neck and has done home exercises and anti-inflammatories that she has been doing and also has had nerve conduction studies done on upper and lower.; There has been treatment or conservative therapy.; patient has weakness and tingling in her extremities.; She was given home exercises for strengthen and given anti-inflammatory to take.

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is 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.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/17/2015; It is not known if there has been any treatment or conservative therapy.; NECK AND BACK PAIN THAT HAVE WORSENEED AND PT IS NOW HAVING PAIN WITH RADICULOPATHY

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/12/2015; There has not been any treatment or conservative therapy.; neck pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-1-2012; There has been treatment or conservative therapy.; WEAKNESS, NUMBNESS, IMPINGEMENT; PAIN MEDICATION

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/22/2015; There has been treatment or conservative therapy.; numbness down arms and right leg; medications

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has upper, mid and lower back pain; It is not known if there has been any treatment or conservative therapy.; patient has upper, mid and lower back pain

Radiology Services Denied Not Medically Necessary

; This study is being 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.; SHE IS HAVING CHRONIC BACK AND NECK PAIN THAT IS NOT BEING HELPED WITH MEDS. WE WANT TO SEE IF IT IS A RUPTURED DISK

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Hip Pain; PT

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 11/30/2015; There has been treatment or conservative therapy.; neck pain radiates through her right shoulder , numbness in right hand , low back pain radiates to the left leg; anti , meds

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Enter date of initial onset here 10 month history of neck and upper thoracic pain. was working outdoors and felt a pop in her neck and upper back area.; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info; Ms. Carroll is a 53 year old White female. This is an established patient visit. She is here today following a transition of care from an inpatient hospital. ; HPI: ; Patient complains; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info; Ms. Carroll is a 53 year old White female. This is an established patient visit. She is here today following a transition of care from an inpatient hospital. ; HPI: ; Patient complains o; Describe treatment / conservative therapy here - or Type In Unknown If No Info; Ms. Carroll is a 53 year old White female. This is an established patient visit. She is here today following a transition of care from an inpatient hospital. ; HPI: ; P

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Patient is here following an MVA this past Saturday in which her vehicle was T-boned in the driver side front which did total the vehicle. Since that time she has had pain from her neck to the middle of her back, she was wearing a seat belt.; DOI: 10/24; There has been treatment or conservative therapy.; ; Patient given Ultram and Soma. patient to remain off work til 11/9/15

Radiology Services Denied Not Medically Necessary

Chronic hearing loss. Chiropractor stopped treatment due to crepitus.; This is a request for 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.

Dx with neck pain; the location of discomfort is posterior. It radiates to the arms. The pain is characterized as constant.; 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.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unk neck pain; the location of discomfort is posterior. It radiates to the scalp. The pain is characterized as moderate in intensity, severe, and intermittent.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Doc neck pain; the location of discomfort is posterior. It radiates to the scalp. The pain is characterized as moderate in intensity, severe, and intermittent. Initial onset was several years ago.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown If No Info Gi; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In UnPatient to be evaluated for low back pain. The discomfort is most prominent in the lower lumbar spine. It does not radiate. He characterizes it as constant, severe, sharp, dull, throbbing, aching, burning, stabbing, cra; This study is 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.; DescriPatient to be evaluated for low back pain. The discomfort is most prominent in the lower lumbar spine. It does not radiate. He characterizes it as constant, severe, sharp, dull, throbbing, aching, burning, stabbing, cramping, and tearing. This i

Radiology Services Denied Not Medically Necessary

Evaluate neck pain with left 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.; It is not known if the patient has had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

failed conservative therapy. needs studies to decide course of therapy; This study is being ordered for a neurological disorder.; January of 2015; There has been treatment or conservative therapy.; neuropathy, radiculitis; heat, ice, massage. scripts for flexeril and Norco given. kenalog and tordol injected on 2 separate occasions.

Radiology Services Denied Not Medically Necessary

Has had pain in neck for 10 months. Radiates to left small finger. Occasional numbness in both UE. No weakness.  Has mild bilateral CTS. Will start wrist splints today. Take Addvil l2 tablets TID.  .; 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.

Radiology Services Denied Not Medically Necessary

Home exercises were done also /; This study is being ordered for a neurological disorder.; 10/1/2015; There has been treatment or conservative therapy.; radiculopathy/ numbness tingling/ back and neck pain and headache; naproxen and rabaxen/ physical therapy

Radiology Services Denied Not Medically Necessary

HX of chiari syndrome.; This study is being ordered for a neurological disorder.; 11/30/15; There has been treatment or conservative therapy.; Dizziness, headache and ringing in the ears. Pain in base of the neck.; Medications

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.; 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

Radiology Services Denied Not Medically Necessary

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient had an x-ray of spine that showed some findings that need to be further evaluated by MRI.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; tenderness and limited ROM (posterior neck). Radiates shoulder. Interferes with work and sleeping.

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.; <Enter Additional Clinical Information>

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.; 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.;

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.; 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.;

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.; patient is experiencing worse neck and back pain and radiating to her shoulders and hands.

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.; 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>

Radiology Services Denied Not Medically Necessary

limited range of motion, not responding to outpatient treatment has neck pain radiating and not responding to anti inflammatory; 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.

Radiology Services Denied Not Medically Necessary

MD wants to rule out herniated disc; This study is being ordered for trauma or injury.; 10/02/2015; It is not known if there has been any treatment or conservative therapy.; upper and lower back pain

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.; N/A; It is not known if there has been any treatment or conservative therapy.; N/A

Radiology Services Denied Not Medically Necessary

narrowing in c spine, radiculopathy, x-rays of l spine and c spine were abnormal; This study is being ordered for a neurological disorder.; 06/01/2015 per pt symptoms began 6 mnths ago; There has been treatment or conservative therapy.; straightening of c-spine seen on xray, weakness of rt hand, sciatica down right leg. tingling in legs.; chiropractic visits, heating pad

Radiology Services Denied Not Medically Necessary

neck mass the size of a quarter. Radiculopathy, stiffness, tenderness; spasms, 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 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.

Radiology Services Denied Not Medically Necessary

Neck pain  Chronic in nature, h/o possible fibromyalgia, will try Lyrica, conitnue on NSAIDs, m relaxers prn. Will f/u if no imprvment.. Further diagnostic evaluations ordered today include(s) XRAY C-SPINE 2-3 VIEWS to be performed. Lower back pain; This study is being ordered for Inflammatory/ Infectious Disease.; LYRICA - 10/19/2015 CONTINUE NSAIDS AND MUSCLE RELAXERS; There has been treatment or conservative therapy.; FATIGUE,HEADACHE,ACTIMITY LIMITATION,MORNING STIFFNESS,DULL,ACHY AND THROBBING DISCOMFORT,SYMPTOMS WORSE WITH ACTIVITY,STANDING,WALKING AND COLD OR RAINY WEATHER.; PT HAS DONE 6 WEEKS OF PHYSICAL THERAPY WITH NO RELIEF,ALSO STARTED LYRICA 10/19/2015

Radiology Services Denied Not Medically Necessary

Neck pain for over 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 NOT had back pain for over 4 weeks.

neck pain radiating down to arm, worried there is something going on with her disc; 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.

Radiology Services Denied Not Medically Necessary

Neck pain with radiculopathy down left arm several months. Steroids and Meloxicam ineffective for the pain, symptoms not improving.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

neck pain, headaches, paresthesia, abnormal x-ray; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09-02-2015; There has been treatment or conservative therapy.; Cervical: R arm numbness and weakness radiates from neck to arm; Lumbar spine: BILAT leg numbness and weakness; medication, Nsaids, PT,

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.; 9-23-2014; There has been treatment or conservative therapy.; Pain radiating down legs and arms.; Medication and HEP

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.; none; It is not known if there has been any treatment or conservative therapy.; none

Radiology Services Denied Not Medically Necessary

numbness and tingling in hands; 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.; <Document exam findings>

Radiology Services Denied Not Medically Necessary

PAIN AND NUMBNESS IN RIGHT ARM AND HAND.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

Pain elicited by neck motion with radiculopathy; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain radiates down arms with a tingling sensation that becomes numbing in her fingertips.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

Pain unchanged with conservative therapy. Studies ordered to eval for surgery or further injection.; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Chronic low back and neck pain. Pain radiating into extremities. Numbness and tingling in extremities.; Physical Therapy, Epidural Steroid Injection, Narcotic Analgesics, NSAIDs, Muscle Relaxants, and TENS unit.

Radiology Services Denied Not Medically Necessary

Pain unchanged with current therapies, eval for possible surgery; This study is being ordered for trauma or injury.; 08/24/2015; There has been treatment or conservative therapy.; Burning, aching, radiating, continuous pains in the low back into the right lower extremity and neck into bilateral shoulders and upper extremities; Evaluation and treatment to date includes NSAID's, muscle relaxants, OTC analgesics, PT and epidural steroid injection.

Radiology Services Denied Not Medically Necessary

patient fell forward downstairs; This study is being ordered for trauma or injury.; 10/8/15; There has not been any treatment or conservative therapy.; x-ray; pain medications; directions for ice/heat

Radiology Services Denied Not Medically Necessary

Patient has had old injury in 2000 which was his last MRI reports. Still complains of having Chronic neck and back pain. Wanting to get established with a pain management doctor, which whom needs most recent MRI and X-ray reports; This study is being ordered for a neurological disorder.; old injury since 2000; It is not known if there has been any treatment or conservative therapy.; chronic neck and back pain with radiation down both arms and right lower extremity into hip(thigh) with numbness. hard time with balance and minimal movement of neck

Radiology Services Denied Not Medically Necessary

Patient has sclertic changes in Cervical spine the c5 and c6 as well as c6 and c7. As well as the shoulder reagion cannot flex the shoulder region beyond range of motion because of the pain.; This study is being ordered for trauma or injury.; 11/07/2015; There has been treatment or conservative therapy.; Pain in the neck and shoulders with fingers on left side and arm going numb; Has been doing PT at home and ensaids and Ice and heat at home trying to resolve not getting any better needs to be further evaluated

Radiology Services Denied Not Medically Necessary

patient has suffered from numbness It arm for the past 6 months that is exacerbating also pain in neck and mid back with no known injury; This study is being ordered for a neurological disorder.; 6/10/2015; There has been treatment or conservative therapy.; parasthesia left arm decreased strength pain; chiropractor physical therapy medication

Radiology Services Denied Not Medically Necessary

Patient is already seeing pain management for lumbar spine treatment. Needing these MRIs to see if additional treatment is needed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; The cervical spine pain worse with rotation of head and intermittently causing pain down both arms into the 2nd & 3rd fingers. The thoracic spine pain is a stabbing pain radiating toward abdomen.; Takes Skelaxin, Gabapentin, & Norco for back pain. Sees pain management for lumbar pain.

Radiology Services Denied Not Medically Necessary

Patient is experiencing degenerative disorder, after vehicle accident; This is a request for 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.

Radiology Services Denied Not Medically Necessary

Patient is having continuous headache daily.; 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.

Radiology Services Denied Not Medically Necessary

Patient is in extreme pain and is difficult to perform everyday tasks now; This study is being ordered for a neurological disorder.; 11/10/15 is when pain & numbness started, he has been through physical therapy and inflammatory meds that are not helping; There has been treatment or conservative therapy.; Extreme upper back and neck pain going down both arms with numbness in both hands; Physical therapy and anti inflammatory and steroids

Radiology Services Denied Not Medically Necessary

Patient presents to clinic with bilateral shoulder and neck pain. Patient went to E.R. on 11/24/15 and had CT of cervical showing potential ligamentous injury. Patient came to clinic stating pain and radiculopathy is worse.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

Patient states pain radiates down to elbow; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-28-15; There has not been any treatment or conservative therapy.; Patient has neck and arm pain that limits range of motion

Radiology Services Denied Not Medically Necessary

patient was seen in ER 10/10/15 with right sided neck pain that radiates into her head, feels like a 'crick' in neck. no headache, ct was negative. pain has continued and she would like it further evaluated with MRI; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; rom is restricted, pain with flexion/extension. spasm on right side, hydrocodone for 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.

Radiology Services Denied Not Medically Necessary

Patient with acute onset of neck pain and headache not relieved with prescribed 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.; 09/27/2015; There has been treatment or conservative therapy.; acute neck pain , headache ,  unrelieved by pain medications or muscle relaxers.; Toradol Injection and Tizanidine 4mg at bedtime , that was given 09/28/2015.

Radiology Services Denied Not Medically Necessary

positive or neck and back pain with radicular pain to both legs; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or conservative therapy.; cervical neck pain, right shoulder pain, numbness and tngling to both arms.  low back pain with numbness and tingling to both legs

Radiology Services Denied Not Medically Necessary

POSSIBLE SURGERY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEVERAL YEARS; There has been treatment or conservative therapy.; CHRONIC PAIN AGGRAVATED BY TOUCH OR LATERAL MOTION; NSAIDS, PHYSICAL THERAPY

Radiology Services Denied Not Medically Necessary

PREVIOUS GUN SHOT WOUND. PREV CHEST X-RAY.; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; CHEST AND MIDDLE BACK PAIN

Radiology Services Denied Not Medically Necessary

PT COMPLAINS OF NECK THAT RADIATES TO THE LEFT ARM FOR THE LAST WEEK. NO H/O TRAUMA OR INJURY.PAIN IS WORSENING; This is a request for 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.

Radiology Services Denied Not Medically Necessary

pt in an accident and want to see where pain is coming from; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/30/2015; There has not been any treatment or conservative therapy.; pain radiating down limb

Radiology Services Denied Not Medically Necessary

Pt presents with complaints of pain in both shoulders, right elbow, and back of the neck. These pains have gradually been building over the past 3 years. It has gotten much worse over the past 6 months or so. He does not recall any specific injuries that ; 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 presents with complaints of pain in both shoulders, right elbow, and back of the neck. These pains have gradually been building over the past 3 years. It has gotten much worse over the past 6 months or so. He does not recall any specific injuries that ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

R/ o scare on lung vs. a mass , x-ray show an anomaly; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/15; There has not been any treatment or conservative therapy.; coughing , wheezing ,

Radiology Services Denied Not Medically Necessary

Radiculopathy and left sided weakness and numbness; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

rates pain at 7 and initially it was at a 7; This study is being ordered for trauma or injury.; july 20th; There has been treatment or conservative therapy.; pain, decrease range of motion, radiculopathy; medication

Radiology Services Denied Not Medically Necessary

Right shoulder tenderness, bony tenderness in cervical back w/spasm; This is a request for cervical 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 shoulder tenderness,   bony tenderness in back w/spasm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

She is also having a lot of neck and low back pain with radicular symptoms down both upper and lower extremities. She has been having a lot of falls and thinks this could be do to the back pain and loss of balance because of her abnormal gait. She is dizzy; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Pain decreased ROM radicular symptoms down both upper and lower extremities dizziness; rest and at home exercises NSAIDS Ice and heat

Radiology Services Denied Not Medically Necessary

She reports an injury in 2007 (herniated disc at L5). She had surgery on her back by Dr. Simpson. She has been okay, but has recently aggravated the injury and now has pain in her lower back and down her left leg.; This study is being ordered for trauma or injury.; 2007; There has been treatment or conservative therapy.; Pain in lower back and down left leg.; Back surgery

Radiology Services Denied Not Medically Necessary

Steroids, anti inflammatory medications and PT and still not any better.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Radiating down her arm, so she is having weakness in both of her arms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

tenderness and limited ROM neck tingling and down into hands and arm on right; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

the doctor trying to see if there is a rupture or bulging disk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/3/15; There has been treatment or conservative therapy.; the patient is having neck and upper back pain and also having numbness and tingling down both arms; the patient has been at home exercise and is on inflammatory medicine and steroids

Radiology Services Denied Not Medically Necessary

The naproxen is helping, but he continues to have radicular symptoms. The hands could be related to some CTS and legs to sciatica, but could also indicate cervical spine lesion.; 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 numbness into both fingers. This typically starts after 15 to 20 miles worth of driving. He also gets symptoms in the right leg.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>

Radiology Services Denied Not Medically Necessary

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient has been a victim of domestic violence for a number of years.

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.; Pt had abn x-ray showing anterior and posterior spurring at C-5 & 6 with disc narrowing. C7 level demonstrates more narrowing on the left side.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.

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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; It is not known if the patient has been seen by or if 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; No other information to provide at this time.; No, the patient does not have new or changing neurological signs or symptoms.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Neurological deficits; Unknown; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; cervical pain not responding to physical therapy and medication; 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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; Will FAX; 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.

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.

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.

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.;

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.; headaches, neck pain, burning sensation on right side of head

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Patient had MVA in 1997. Came to our office for initial visit on 9/24/15. She complained of left sided neck pain that radiated down left arm and had numbness to left pinky finger. Ice/heat and Tylenol#3, Mobic and flexeril. Patient returned to our offi

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; patient has neck pain and history of herniated disc. Patient also has headaches

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.; Ti vertebral body is suboptimally demonstrated There is a straighten of the normal curvature of the Cervial Spine Spurring is present c3-c7 and c7-T1  Chronic anterior endplate degenerative  Xray Recommend correlation with a CT of the Cspine occult pat

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.;

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>

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Abnormal Cervical Spine xray loss of disc space height at the C5-C6 and C6-C7 intervertebral disc space.....does have radiation of pain rt to shoulder

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.; Advanced degenerative upper cervical spine facet arthropathy and cervical spasm/strain. X-ray suggest correlation with CT or MRI if occult pathologic or post traumatic process if suspected clinically.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; cervical xray on 9/3/2015 showed minimal interior sublexation c4-c5- minimal hypertrophic end plate formation

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.; NEW LUMP/PAIN  PT NOTICED A LUMP IN NECK MOSTLY ON RIGHT SIDE . FIRST NOTED 2-3 WEEK(S) AGO. SINCE THEN, LUMP HAS CHANGED IN SIZE- . LUMP IS TENDER. HAS NOTICED NO OVERLYING REDNESS. HAS NOTICED ANY OTHER UNUSUAL LUMPS.

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.; None

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 Right Shoulder series. There complete disc loss at C6-C7. Normal alignment otherwise.

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 had conservative treatments with no releife

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 tenderness asymmetry restricted range of motion in tissue texture changes mainly in the right cervical paraspinal as well as right infraspinatus. Osteopathic manipulative therapy done at clinic visit and has not relieved neck and arm pain.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; unknown

Radiology Services Denied Not Medically Necessary

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 normal , member has nutch on his neck , neck pain ,

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.; 57 year old male pt w/ neck pain

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.; Abnormal x-ray, Acute bony injury

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.; came in today pain on L side of neck sharp and shooting. Radiates from neck to spine and L side of back. Pain w R & L flexion and extension. Tenderness to spine and muscle of C-spine

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 hurt neck and now has neck pain. Neck pain is worse over the past two weeks. Pain is described as right sided with right hand numbness. Right Neck spasms found on exam. C spine with degenerative changes. Patient has been started on Cyclobenzapri

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.; Swelling in the extremities and muscle weakness  and numbness

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.; Worsening cervcalgia with new onset right lateral arm and forearm paresthia.intemittent subjective grip weakness

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 have new or changing neurological signs or symptoms.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Trauma or recent injury; 3 wk history of neck pain radiating down to left shoulder and down to left axillary area. States he was pulling his hair up in a ponytail when he felt the pain. Pain is getting worse.; It is not known if the patient have new or changing neurological signs or symptoms.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Trauma or recent injury; PATIENT SHOWS SIGNS OF NERVE DAMAGE; 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.

Radiology Services Denied Not Medically Necessary

this patient has had back problems for 10 years, but recently re-injured back. they are having radiculopathy along with back pain; This study is being ordered for trauma or injury.; 10/12/15; It is not known if there has been any treatment or conservative therapy.; back pain, with radiculopathy

Radiology Services Denied Not Medically Necessary

To eliminate pain level for patient and to provide a better view for our practitioner.; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Pain and Inflammation; Physical therapy Pain management

Radiology Services Denied Not Medically Necessary

Unknown.; This study is being ordered for trauma or injury.; Nov 21, 2015; There has been treatment or conservative therapy.; Radiating pain down to right leg, low back pain, tenderness, decreased ROM.; Medications but they have not helped.

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.; Positive Arthralgia in neck and worsening neuropathy. Weakness in left arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

unknown; 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.; weakness in 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.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; 12/3/2015; There has been treatment or conservative therapy.; blurred vision, weakness, increased BP Readings, and pressure that starts at the back of the head and radiates to right temporal area; aspirin daily

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.; may 2015; There has been treatment or conservative therapy.; pain radiates from neck down back, knots in back and neck, no neurologic deficits, just aches and pain, headaches; chiropractor, prednisone, maloxicam daily,

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain, difficulty walking and sitting, headaches, hard to turn head; Previous surgery, ibuprofen, tramadol, medrol

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.; severe migraine radiating from behind her right eye; neck pain with radiculopathy down L arm to fingertips; 6 wks of ibuprofen, fioricet, bupap
Unknown; This study is being ordered for trauma or injury.; 9/3/2015; There has been treatment or conservative therapy.; painful hip joint, swelling, edema, clicking and popping. Limited ROM. Painful to walk on.; Home exercises, medication, heat and cold therapy, for 6 weeks.

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 has pain about a month ago. 6 sessions of pt with no relief. Steroids and pain meds gave no relief. Patient felt a pop one night and now pain is severe. Previous mri showed a bulging disc in T spine

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pain management medication and home exercise

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2014; There has been treatment or conservative therapy.; tenderness, chronic back pain, aching and stiffness; pain worse by bending, sitting, and twisting; Medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2/2015; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/10/15; There has been treatment or conservative therapy.; back pain with radiation; anti inflammatory, muscle relaxants, narcotic meds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being 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.; Scoliosis of the spine back pain

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.; 11/2010; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATIONS

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.; 11/27/2015; There has been treatment or conservative therapy.; thoracic and lumbar pain; CT in ER pain meds and Tylenol

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.; 9/17/15; There has been treatment or conservative therapy.; upper back pain neck pain with radicular pain, left upper extremity; physical therapy no relief

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.; bypass clinical; 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 >;

Radiology Services Denied Not Medically Necessary

; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 11/3/2015; There has been treatment or conservative therapy.; thoracic pain, back pain, cervical pain; 6 weeks physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 9/30/2015; There has been treatment or conservative therapy.; Middle back pain, patient describes pain as sharp, shooting & stabbing. Symptoms aggravated by daily activities, ascending stairs, changing positions, lifting, pushing, sitting, standing, twisting & walking; Patient given an steroid injection on 9/30/15. Over the counter anti-inflammatory medication. Also provided with at home exercises, and rest

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; may 2014; There has been treatment or conservative therapy.; neck pain , which causes patient to have headache. he went to the emergency room in October for the same symptoms and they gave me a steroid injection; Physical therapy 3 times a week for 6 weeks . Which did not relieve pain . He is also been prescribe Prednisone 20mg , Mobic 15mg, Baclofen 20mg, also oxycodone acetaminophen 10-325mg for pain , fiorinal for headaches .

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; Patient has continues to have problems with her back and neck and has done home exercises and anti-inflammatories that she has been doing and also has had nerve conductions studies done on upper and lower.; There has been treatment or conservative therapy.; patient has weakness and tingling in her extremities.; She was given home exercises for strengthen and given anti-inflammatory to take.

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is 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.; Intervertebral thoracolumbar disc disorder with radiculopathy, fibromyalgia, and bells palsy

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/15; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2015; There has been treatment or conservative therapy.; left sided pain without any injury, no treatment has helped. Cough with mucous and blood.; Patient was given flexeril and hydrocodone to help with the left sided pain and it has not helped.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has upper, mid and lower back pain; It is not known if there has been any treatment or conservative therapy.; patient has upper, mid and lower back pain

Radiology Services Denied Not Medically Necessary

; This study is being 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.; SHE IS HAVING CHRONIC BACK AND NECK PAIN THAT IS NOT BEING HELPED WITH MEDS. WE WANT TO SEE IF IT IS A RUPTURED DISK

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 10/28/2015; There has not been any treatment or conservative therapy.; picking up a motor at work and hurt his back he was seen in Swifton and they ordered an x-ray of his lumbar and thoracic spine which were both normal.  He has severe pain, unable to stand up without pain. No pain down legs and does not radiate to either

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Enter date of initial onset here 10 month history of neck and upper thoracic pain. was working outdoors and felt a pop in her neck and upper back area.; There has been treatment or conservative therapy.; ;
; This study is being ordered for trauma or injury.; Patient is here following an MVA this past Saturday in which her vehicle was T-boned in the driver side front which did total the vehicle. Since that time she has had pain from her neck to the middle of her back, she was wearing a seat belt.  DOI: 10/24; There has been treatment or conservative therapy.; ; Patient given Ultram and Soma. patient to remain off work til 11/9/15

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown HPI:   Joint pain, lower leg noted. The patient notes diffuse joint pain. This has been a problem for the past 2 months. She describes the discomfort as moderate in severity. Primary joints affected include the; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info GHPI:   Joint pain, lower leg noted. The patient notes diffuse joint pain. This has been a problem for the past 2 months. She describes the discomfort as moderate in severity. Primary ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info GiHPI:   Joint pain, lower leg noted. The patient notes diffuse joint pain. This has been a problem for the past 2 months. She describes the discomfort as moderate in severity. Primary j

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In UnPatient to be evaluated for low back pain. The discomfort is most prominent in the lower lumbar spine. It does not radiate. He characterizes it as constant, severe, sharp, dull, throbbing, aching, burning, stabbing, cra; This study is 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.; DescriPatient to be evaluated for low back pain. The discomfort is most prominent in the lower lumbar spine. It does not radiate. He characterizes it as constant, severe, sharp, dull, throbbing, aching, burning, stabbing, cramping, and tearing. This i

Radiology Services Denied Not Medically Necessary

failed conservative therapy. needs studies to decide course of therapy; This study is being ordered for a neurological disorder.; January of 2015; There has been treatment or conservative therapy.; neuropathy, radiculitis; heat, ice, massage. scripts for flexeril and Norco given. kenalog and tordol injected on 2 separate occasions.

Radiology Services Denied Not Medically Necessary

Further testing is needed to evaluate for a more aggressive treatment plan; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Ongoing pain that has worsened over the last 2 years - attempted least invasive treatment without pain relief; There has been treatment or conservative therapy.; ; Physical Therapy Prescription Therapy Injections

Radiology Services Denied Not Medically Necessary

Home exercises were done also /; This study is being ordered for a neurological disorder.; 10/1/2015; There has been treatment or conservative therapy.; radiculopathy/ numbness tingling/ back and neck pain and headache; naproxen and rabaxen/ physical therapy

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.;

Radiology Services Denied Not Medically Necessary

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Patient is seeing a neurologist at a spine and pain clinic, they require this test to accurately diagnose and treat this patient.

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.; unknown

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.

Radiology Services Denied Not Medically Necessary

It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; <Enter Additional Clinical Information>

Radiology Services Denied Not Medically Necessary

MD wants to rule out herniated disc; This study is being ordered for trauma or injury.; 10/02/2015; It is not known if there has been any treatment or conservative therapy.; upper and lower back pain

Radiology Services Denied Not Medically Necessary

muscle relaxers and anti inflammatory with no improvement; 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 to right shoulder radiating down to back  numbness in right hand with pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

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.; N/A; It is not known if there has been any treatment or conservative therapy.; N/A

Radiology Services Denied Not Medically Necessary

neck pain, headaches, and shoulder spasms. Also, thoracic pain.; This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for Inflammatory/ Infectious Disease.; more than 6 months; There has been treatment or conservative therapy.; knee and lower back pain; pain management, pain meds,

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.; 10/07/2015; There has been treatment or conservative therapy.; back pain, upper and lower, numbness in arms hands and legs, LROM and pain.; muscle relaxers and pain meds

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.; April 2015; There has been treatment or conservative therapy.; low back pain radiating down right leg, foot pain; meds

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for trauma or injury.; 08/19/2015; There has been treatment or conservative therapy.; back pain; medication

Radiology Services Denied Not Medically Necessary

pain not improved with Medrol dose pak, naproxen, or soma. not improved with home exercises. needs mri to decide where to go from here.; This study is being ordered for a neurological disorder.; 06/09/2012; There has been treatment or conservative therapy.; walks with a limp. pain in spine. DDD.; home exercises, meds, heat and ice.

Radiology Services Denied Not Medically Necessary

Pain severe and constant. Pt has decrease of ROM.; This study is being ordered for trauma or injury.; 8/1/2015; There has been treatment or conservative therapy.; Mid to low back pain. Pt had thoracic pain.; Pt was pain medication, anti-inflammatory, muscle relaxer, and PT.

Radiology Services Denied Not Medically Necessary

pain started after emergency C section; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/07/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; over the counter and prescription medication in the hospital

Radiology Services Denied Not Medically Necessary

Patient c/o generalized weakness. difficulty rising from a chair; 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.; back pain. persistent. failed conservative including physical therapy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

Radiology Services Denied Not Medically Necessary

patient fell forward downstairs; This study is being ordered for trauma or injury.; 10/8/15; There has not been any treatment or conservative therapy.; x-ray pain medications directions for ice/heat

Radiology Services Denied Not Medically Necessary

patient has suffered from numbness lt arm for the past 6 months that is exacerbating also pain in neck and mid back with no known injury; This study is being ordered for a neurological disorder.; 6/10/2015; There has been treatment or conservative therapy.; parasthesia left arm decreased strength pain; chiropractor physical therapy medication

Radiology Services Denied Not Medically Necessary

Patient is already seeing pain management for lumbar spine treatment. Needing these MRIs to see if additional treatment is needed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; The cervical spine pain worse with rotation of head and intermittently causing pain down both arms into the 2nd & 3rd fingers. The thoracic spine pain is a stabbing pain radiating toward abdomen.; Takes Skelaxin, Gabapentin, & Norco for back pain. Sees pain management for lumbar pain.

Radiology Services Denied Not Medically Necessary

POSSIBLE SURGERY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEVERAL YEARS; There has been treatment or conservative therapy.; CHRONIC PAIN AGGRAVATED BY TOUCH OR LATERAL MOTION; NSAIDS, PHYSICAL THERAPY

Radiology Services Denied Not Medically Necessary

PREVIOUS GUN SHOT WOUND. PREV CHEST X-RAY.; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; CHEST AND MIDDLE BACK PAIN

Radiology Services Denied Not Medically Necessary

pt in an accident and want to see where pain is coming from; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/30/2015; There has not been any treatment or conservative therapy.; pain radiating down limb

Radiology Services Denied Not Medically Necessary

PT SEEN ON 9/21/15. REFERRALS BEING MADE TO ORTHO; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PT WAS SEEN 7/6/15. GIVEN DIRECTIONS OF CARE, MEDS AND EXERCISES. NO BETTER.

Radiology Services Denied Not Medically Necessary

R/O CANCER  back pain , radiculopathy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

she does has ms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; jan 2015; There has been treatment or conservative therapy.; chronic back pain; pt and medication

Radiology Services Denied Not Medically Necessary

specialist requesting imaging prior to seeing pt; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; back pain and headaches; medication and Pt for 3 month with abnormal xray imaging.. For headaches medication

Radiology Services Denied Not Medically Necessary

the doctor trying o see is there is a rupture or bolding disk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/3/15; There has been treatment or conservative therapy.; the patient is having neck and upper back pain and also having numbness and tingly down both arms; the patient has been at home exercise and is on inflammatory medicine and steroids

Radiology Services Denied Not Medically Necessary

The patient does have neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

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.

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 having upper/mid back pain with radiculopathy.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; Radiculopathy in the right arm. Pt has known degenerative disc disease.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

Radiology Services Denied Not Medically Necessary

The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient has had MRI lumbar spine indicating a moderate broad base protrusion at L5-S1 with mild left-sided neuroforamen narrowing but no evidence of central canal stenosis. Transitional vertebra with the last hydrated disk space being labeled S1-S1.

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.;

Radiology Services Denied Not Medically Necessary

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; decrease range of motion

Radiology Services Denied Not Medically Necessary

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; Pt was lifting a 200 LB dog and felt a tear and now has pain in right leg and numbness/difficult to sit for long periods of time

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.

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 is experiencing severely decreased ROM, activity level, and worsening radiculopathy to bilateral lower extremities, and thoracic/lumbar neuritis.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

this patient has had back problems for 10 years, but recently re-injured back. they are having radiculopathy along with back pain; This study is being ordered for trauma or injury.; 10/12/15; It is not known if there has been any treatment or conservative therapy.; back pain, with radiculopathy

Radiology Services Denied Not Medically Necessary

Unknown.; This study is being ordered for trauma or injury.; Nov 21, 2015; There has been treatment or conservative therapy.; Radiating pain down to right leg, low back pain, tenderness, decreased ROM.; Medications but they have not helped.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; onset at 4th grade for headaches; onset of thoracic back pain unknown; There has not been any treatment or conservative therapy.; ha- squeezing, nausea, vomiting, photo sensitivity; back- stabbing, numbness progressing to pin pricks

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.; may 2015; There has been treatment or conservative therapy.; pain radiates from neck down back, knots in back and neck, no neurologic deficits, just aches and pain, headaches; chiropractor, prednisone, maloxicam daily,

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

Xrays done in clinic showing wedging/abnormal findings on 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.; Unknown; There has not been any treatment or conservative therapy.; Wedging of T1 test needed to rule out compression fracture

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; List meds here

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; positive strait leg raises on both sides

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.; 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.

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; 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.

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.; hard time standing up  abnormal x-ray; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness, in toes and feet tingling limited range of motion; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; No better made the pain worse. Treatment since August 2015.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

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

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness down right thigh to 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.

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above

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

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 >; pt, meds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/18/2015; There has been treatment or conservative therapy.; tingling numbness in in feet knee and arms//back pain, joint pain, knee pain, muscle aches//worsening back and bilateral hip pain//can barely walk//tenderness in the left hip (trochanter)also low back tenderness//restricted range of motion in both hips//; had trigger point injections//medication

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.; 10/15/2015; There has been treatment or conservative therapy.; Neck pain with radiculopathy to upper extremity back pain with radiculopathy to lower extremity; -NSAIDS x 3 mos&#xOD; -muscle relaxant x 2013

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.; 11/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication, home exercise

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.; 7/13/2015; There has been treatment or conservative therapy.; radiculopathy to arms and legs, weakness, neuropathy, muscle weakness, numbness and tingling, limited range motion; meds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >; pain management medication and home exercise

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; numbness of right arm/hand chronic neck pain

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2014; There has been treatment or conservative therapy.; tenderness, chronic back pain, aching and stiffness; pain worse by bending, sitting, and twisting; Medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/27/2015; There has been treatment or conservative therapy.; low neck and back pain; IB Profen

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2/2015; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; patient having knee and back pain, swelling ,weakness and tenderness; physical therapy and medications

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/10/15; There has been treatment or conservative therapy.; back pain with radiation; anti inflammatory, muscle relaxants, narcotic meds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/22/2015; There has not been any treatment or conservative therapy.; mbr has pain in back and neck and weakness and numbness in arms and legs. abnormal x ray on 9/24/2015

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9-3-15; There has been treatment or conservative therapy.; joint pain, right lower leg pain, numbness and tingling; ibuprofen, home physical therapy, hot and cold therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2015; There has been treatment or conservative therapy.; back pain; pain medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; neck pain, radicular pain to shoulders and upper arm; steroids, conservative exercises for the 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.; PAIN- 8/5/15; 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 >

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 years ago; There has been treatment or conservative therapy.; pain; injections

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.; 11/2010; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATIONS

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.; 11/27/2015; There has been treatment or conservative therapy.; thoracic and lumbar pain; CT in ER pain meds and Tylenol

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3 years ago; There has been treatment or conservative therapy.; patient having hip pain; medications, physical therapy

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.; bypass clinical; 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 >;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

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.; 9/4/2015; There has been treatment or conservative therapy.; pain and discomfort, hard time standing, lower back pain, numbness to feet, tingling down the legs..; physical, strength

Radiology Services Denied Not Medically Necessary

.....; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness 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.

Radiology Services Denied Not Medically Necessary

.....; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in extremities; 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.

Radiology Services Denied Not Medically Necessary

....eval foresi; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.

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 NOT had back pain for over 4 weeks.

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.

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.; He complains of persistent pain to his lower back with pain radiating down his right leg. This has been an ongoing issue for months. He denies any injury. He has been evaluated by a Chiropractor but reports 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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt complains of low back pain with radiculopathyhypoesthesia L3 I4 and left I5 distributions; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; Failed at home treatment

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; 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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; There is not x-ray evidence of a recent lumbar fracture.;

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.; There is not x-ray evidence of a recent lumbar fracture.; REFLEX IN BIL HIPS ABNORMAL

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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; 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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.

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 none of the above.; This procedure is being requested for Trauma or recent injury

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

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

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality; The patient has none of the above

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient fell and has radiating pain down left side that starts in lumbar region of the spine.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 11/3/2015; There has been treatment or conservative therapy.; thoracic pain, back pain, cervical pain; 6 weeks physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2 weeks ago.; There has not been any treatment or conservative therapy.; Patient states her right outer upper thigh numb , sharp shooting pains at times , dull achy just sitting , can not lay or sleep flat of her back because it feels like its pulling her legs.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; Patient has continues to have problems with her back and neck and has done home exercises and anti-inflamatories that she has been doing and also has had nerve conductions studies done on upper and lower.; There has been treatment or conservative therapy.; patient has weakness and tingling in her extremities.; She was given home exercises for strengthen and given anti-inflammatory to take.

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is 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.; Intervertebral thoracolumbar disc disorder with radiculopathy, fibromyalgia, and bells palsy

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/15; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2015 for the shoulder; 07/2015 for back; There has been treatment or conservative therapy.; pain in shoulder and back; muscle relaxer and rest on shoulder.; referred to orthopedic for 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.; 09/17/2015; It is not known if there has been any treatment or conservative therapy.; NECK AND BACK PAIN THAT HAVE WORSENEED AND PT IS NOW HAVING PAIN WITH RADICULOPATHY

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-1-2012; There has been treatment or conservative therapy.; WEAKNESS, NUMBNESS, IMPINGEMENT; PAIN MEDICATION

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/22/2015; There has been treatment or conservative therapy.; numbness down arms and right leg; medications

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has back pain and a torn hamstring; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has upper, mid and lower back pain; It is not known if there has been any treatment or conservative therapy.; patient has upper, mid and lower back pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Roughly 3 months ago, beginning in October; It is not known if there has been any treatment or conservative therapy.; Hurt back making bed x3 monthes ,radiates down leg   Has had low back pain 3 months. Was making her bedtime and felt something give way.  Pain started to radiate down the left leg 1 month ago. Has good GI and GU system control. Extremities are not numb

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 09/01/15; It is not known if there has been any treatment or conservative therapy.; patient is having pain in her buttocks and pelvic region

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 10/12/2015; There has been treatment or conservative therapy.; Back pain with right sided radiculopathy, right shoulder pain, and right upper quadrant pain; 10/28/15 - Started methylPREDNISolone (MEDROL DOSEPACK) tablet 4 mg  methocarbamol (ROBAXIN) tablet   She took muscle relaxers and 2 steroid packs with only temporary relief  X-Ray Lumbar Spine AP and Lateral  X-Ray Shoulder Right AP Internal AP E

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 10/28/2015; There has not been any treatment or conservative therapy.; picking up a motor at work and hurt his back he was seen in Swifton and they ordered an x-ray of his lumbar and thoracic spine which were both normal.  He has severe pain, unable to stand up without pain. No pain down legs and does not radiate to either

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 11/30/2015; There has been treatment or conservative therapy.; neck pain radiates through her right shoulder , numbness in right hand , low back pain radiates to the left leg; anti , meds

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info; Ms. Carroll is a 53 year old White female. This is an established patient visit. She is here today following a transition of care from an inpatient hospital. ; HPI: ; Patient complains; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info; Ms. Carroll is a 53 year old White female. This is an established patient visit. She is here today following a transition of care from an inpatient hospital. ; HPI: ; Patient complains o; Describe treatment / conservative therapy here - or Type In Unknown If No Info; Ms. Carroll is a 53 year old White female. This is an established patient visit. She is here today following a transition of care from an inpatient hospital. ; HPI: ; P

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Since March of 2015. After she had a heart cath done in her right leg.; There has been treatment or conservative therapy.; Pain in groin area , Right upper thigh pain , lumbar pain .; She was treated in the Harris Hospital emergency department with pain injection and steroid injection , relived her pain for 10days. She went to the St Bernard's Emergency Department Friday 11/20/2015 and they gave her another steroid injections. She is a

Radiology Services Denied Not Medically Necessary

2 weeks, steroids and muscle relaxers, no help; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in left leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Accident , was thrown , severe back pain from when light lifting , legs went out and felt weak; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

acute onset of pain started 12/12/15 pain radiating down back to left side of knee; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Acute tear.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

After the therapy there shows no signs of help. Pt is having back spasms as well.; The study requested 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 and decreased on Lsymmetrical. Pt has had therapy with no improvement.; 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.

Radiology Services Denied Not Medically Necessary

Back pain disc pertusion; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Back xray shows DDD.; 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 pain, muscle weakness, Left leg burning; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

burning, tingling in both legs; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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.

Radiology Services Denied Not Medically Necessary

bypassing clinicals; 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.

Radiology Services Denied Not Medically Necessary

Chronic back pain , has DDD , and he was getting pain injections from dr savu. right arm , shoulder , back pain , cant lift or bend over sometimes.; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

chronic back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Chronic back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Chronic backpain since 8/2013.; 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 not directed a home exercise program for at least 6 weeks.; a-SoluMedrol 125 mg  Meloxicam 15mg

Radiology Services Denied Not Medically Necessary

chronic condition bi lateral pain sharp at times nothing has improved it. Tylenol 3and and muscle relaxers haven't improve pain at all.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

chronic LE pain and since occurred has fallen, heavy sensation in leg when walks,; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

complaining of several month history of tingling and numbness in both lower extremities though it is more pronounced in the right lower extremity. Patient denies weakness and also states the tingling and numbness happens in the regular basis. Patient does; 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.

Radiology Services Denied Not Medically Necessary

complaints of leg and back pain. He states that the pain is in his lower back which radiates down the back of his 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 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

Radiology Services Denied Not Medically Necessary

Dr. Barnett is wanting to know why this patient is unable to move her neck without it hurting. Also, he has tried all of the medicines he can think of to treat this patient with and nothing seems to be working. The patient is in a great amount of discomfo; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The first onset for the headaches started on July 20th of this year, 2015. But, she had been having these headaches for over a month and none of the over the counter medicines had been working for her.; There has been treatment or conservative therapy.; Headache for more than 2 months. Neck pain at the base of the neck. Both hands are going numb.; Topamax- 50; Imitrex- 50; Ultracet- #10

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In UnknoWith regard to the low back pain, the discomfort is most prominent in the lower lumbar spine. This is a chronic problem, with essentially constant pain. She states that the current episode of pain started years ago. ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DocWith regard to the low back pain, the discomfort is most prominent in the lower lumbar spine. This is a chronic problem, with essentially constant pain. She states that the current episode of pain started years ago. Associated symptoms include stoop; 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.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown HPI:   Joint pain, lower leg noted. The patient notes diffuse joint pain. This has been a problem for the past 2 months. She describes the discomfort as moderate in severity. Primary joints affected include the; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info GHPI:   Joint pain, lower leg noted. The patient notes diffuse joint pain. This has been a problem for the past 2 months. She describes the discomfort as moderate in severity. Primary ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info GiHPI:   Joint pain, lower leg noted. The patient notes diffuse joint pain. This has been a problem for the past 2 months. She describes the discomfort as moderate in severity. Primary j

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In UnPatient to be evaluated for low back pain. The discomfort is most prominent in the lower lumbar spine. It does not radiate. He characterizes it as constant, severe, sharp, dull, throbbing, aching, burning, stabbing, cra; This study is 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.; DescriPatient to be evaluated for low back pain. The discomfort is most prominent in the lower lumbar spine. It does not radiate. He characterizes it as constant, severe, sharp, dull, throbbing, aching, burning, stabbing, cramping, and tearing. This i

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type Prior back surgery in 2003 and has now fallen from a ladder. Radicular leg pain and numbness in the bilateral legs.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having symptoms of mid lumbar spine discomfort in which radiates to the calves and feet. He characterizes it as intermittent and burning. He is having radicular leg pain and numbness in the bilateral legs. Patient has had a previous back surger; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

failed conservative therapy. needs studies to decide course of therapy; This study is being ordered for a neurological disorder.; January of 2015; There has been treatment or conservative therapy.; neuropathy, radiculitis; heat, ice,massage. scripts for flexeril and Norco given. kenalog and tordol injected on 2 separate occasions.

Radiology Services Denied Not Medically Necessary

fatigue; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Fell and back pain has been worsening; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Further testing is needed to evaluate for a more aggressive treatment plan; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Ongoing pain that has worsened over the last 2 years - attempted least invasive treatment without pain relief; There has been treatment or conservative therapy.; ; Physical Therapy; Prescription Therapy; Injections has been to ER and another Dr. Had PT still going had X-Ray and pain meds; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

Radiology Services Denied Not Medically Necessary

Having neurological deficit.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Can't turn her head, neck, back or hip. She has to stay straight. Can't move to the left or the right.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

HAVING NUMBNESS DOWN RIGHT LEG LEFT LEG TINGLING IN THE UPPER THIGH PATIENT HAD BACK SURGERY 1 YEAR AGO; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above He has sharp aching and shooting pains and radiculopathy going down his leg. He complains of tingling and joint pain and muscle pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

history of back pain, had laser surgery about 3 years on his back, some days he can't sit or stand and the pain medication isn't working; also put him for a referral with orthopedic surgeon; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

History of bulging disc and stenosis.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

hx of psuedoseizures, rx by Dr Daaif , neurology, taking Tegretol 600mg bid, had possible seizure 3 weeks ago, seen at hospital ,now c/o fibromyalgia, depression, states pain worse, now difficulty walking past week, pain radiating R leg from lower back, u; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Sudden onset right leg weakness 3 days ago, , pain, radiating from R hip to lower leg, unable to stand or get out of bed, ambulating with walker now, went to SVI ER , left AMA after denied request for pain meds, no change in sx today, some relief with res; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

injections with no relief, stretching, heat and home exercises help, accuriad scoliosis, degenerative of the lumbar disc;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

involved in a recent motor vehicle accident; 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

Radiology Services Denied Not Medically Necessary

Irregular gait, herniated disc; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

knee and hip pain and had abn CT at the hosp should bulging disc at l4 and l5 and suggested 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
Known to have degenerative disk disease, pain has worsened in the week; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Low back pain going 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

Radiology Services Denied Not Medically Necessary

Low back pain noted. The discomfort is most prominent in the lower lumbar spine. This radiates to the left anterior and posterior thigh. She characterizes it as constant and burning. This is a chronic problem, with essentially constant pain. She stat; The study 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.

Radiology Services Denied Not Medically Necessary

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

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

Radiology Services Denied Not Medically Necessary

lower back, right hip and right leg pain. He is still complaining of this pain today. He rates the average pain as 6/10, intermittent and states that when his back hurts, his leg starts burning; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; deep tendon reflexes 2+ symmetrical KJ and AJ. .
 Degen levoscoliosis with severe facet sclerosis & multilevel spondylosis w/o listhesis.

Radiology Services Denied Not Medically Necessary

Lower BP and dizzy spells.; 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.

Radiology Services Denied Not Medically Necessary

Lumbar Radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

lumbar spine has been causing pain for several months now, x-ray was normal, still pain with palpation. Patient states it hurts so bad sometimes she can't even get out of the bed. will send for MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Mass around L5 that is very painful. Been there for 2 months.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

Radiology Services Denied Not Medically Necessary

MD wants to rule out herniated disc; This study is being ordered for trauma or injury.; 10/02/2015; It is not known if there has been any treatment or conservative therapy.; upper and lower back pain

Radiology Services Denied Not Medically Necessary

meds for about 5 wks //; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Moderate pain with range of motion, lumbar spine tenderness.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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.

Radiology Services Denied Not Medically Necessary

Mr. WILLIAMS presents with a diagnosis of passenger injury in MVA. This was diagnosed 10 days ago. The course has been progressively worsening. It is of severe intensity. They were traveling at 60 MPH and another vehicle pulled in from of them trying ; 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.

Radiology Services Denied Not Medically Necessary

muscular skeletal pain, muscle back spasm, 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

Radiology Services Denied Not Medically Necessary

Musculoskeletal:: Ambulation: gait disturbance. Joints, Bones, and Muscles: no contractures and asymmetrical. Gait and Station: waddling. Extremities: no edema, varicosities, or palpable cord.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

n/a; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.

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.; N/A; It is not known if there has been any treatment or conservative therapy.; N/A

Radiology Services Denied Not Medically Necessary

narrowing in c spine, radiculopathy, x-rays of l spine and c spine were abnormal; This study is being ordered for a neurological disorder.; 06/01/2015 per pt symptoms began 6 mnths ago; There has been treatment or conservative therapy.; straightening of c-spine seen on xray, weakness of rt hand, sciatica down right leg. tingling in legs.; chiropractic visits, heating pad

Radiology Services Denied Not Medically Necessary

Neck pain  Chronic in nature, h/o possible fibromyalgia, will try Lyrica, conitnue on NSAIDs, m relaxers prn. Will f/u if no imrpovement. Further diagnostic evaluations ordered today include(s) XRAY C-SPINE 2-3 VIEWS to be performed. Lower back pain; This study is being ordered for Inflammatory/ Infectious Disease.; LYRICA - 10/19/2015 CONTINUE NSAIDS AND MUSCLE RELAXERS; There has been treatment or conservative therapy.; FATIGUE,HEADACHE,ACTIMITY LIMITATION,MORNING STIFFNESS,DULL,ACHY AND THROBBING DISCOMFORT,SYMPTOMS WORSE WITH ACTIVITY,STANDING,WALKING AND COLD OR RAINY WEATHER.; PT HAS DONE 6 WEEKS OF PHYSICAL THERAPY WITH NO RELIEF,ALSO STARTED LYRICA 10/19/2015

Radiology Services Denied Not Medically Necessary

no relief from meds worse over time; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; L leg weakness and pain,; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
NO; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Lower ext weakness

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 with the 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

none; 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

Radiology Services Denied Not Medically Necessary

none; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for Inflammatory/ Infectious Disease.; more than 6 months; There has been treatment or conservative therapy.; knee and lower back pain; pain management, pain meds,

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09-02-2015; There has been treatment or conservative therapy.; Cervical: R arm numbness and weakness radiates from neck to arm Lumbar spine: BILAT leg numbness and weakness; medication, Nsaids, PT,

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.; 10/07/2015; There has been treatment or conservative therapy.; back pain, upper and lower, numbness in arms hands and legs, LROM and pain.; muscle relaxers and pain meds

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.; 9-23-2014; There has been treatment or conservative therapy.; Pain radiating down legs and arms.; Medication and HEP

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.; April 2015; There has been treatment or conservative therapy.; low back pain radiating down right leg, foot pain; meds

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.; none; It is not known if there has been any treatment or conservative therapy.; none

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for trauma or injury.; 08/19/2015; There has been treatment or conservative therapy.; back pain; medication

Radiology Services Denied Not Medically Necessary

Nope; This study is being ordered for trauma or injury.; 11/18/2015; There has not been any treatment or conservative therapy.; Low back pain and left shoulder pain.

Radiology Services Denied Not Medically Necessary

numbness/pain; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Pain disproportionate to x-ray findings. MRI needed to appropriately treat patient.; This study is being ordered for a neurological disorder.; Patient fell on 01/09/2015 and pain in coccyx began approximately 1 month after.; It is not known if there has been any treatment or conservative therapy.; A burning sensation in the tailbone, lower back pain on the left lumbar, tenderness, and acute on chronic duration. The left lower back exhibited minimal tenderness on palpation. Range of motion is limited throughout the lumbar spine. Pain demonstrated wi

Radiology Services Denied Not Medically Necessary

Pain goes into right leg, leg starts to tingle & go numb. Cannot sleep due to pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Pain in legs, has done PT and meds; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.

Radiology Services Denied Not Medically Necessary

pain is not radiating; low back  Quality: sharp Severity: same  Duration: acute  Onset/Timing: 2weeks ago  Context: unusual activity  Alleviating Factors: rest  Aggravating Factors: movement/positioning; twisting; flexing back Associated Symptoms;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

pain not improved with Medrol dose pak, naproxen, or soma. not improved with home exercises. needs mri to decide where to go from here.; This study is being ordered for a neurological disorder.; 06/09/2012; There has been treatment or conservative therapy.; walks with a limp. pain in spine. DDD.; home exercises, meds, heat and ice.

Radiology Services Denied Not Medically Necessary

pain over lower thoracic paraspinal, poor posture, during hip flexer test unable to resist pressure, slight cogwheel movement; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Degen of the L spine; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

pain radiating to buttocks and down left leg into the calf; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pain severe and constant. Pt has decrease of ROM.; This study is being ordered for trauma or injury.; 8/1/2015; There has been treatment or conservative therapy.; Mid to low back pain. Pt had thoracic pain.; Pt was pain medication, anti-inflammatory, muscle relaxer, and PT.

Radiology Services Denied Not Medically Necessary

pain started after emergency C section; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/07/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; over the counter and prescription medication in the hospital

Radiology Services Denied Not Medically Necessary

Pain unchanged with conservative therapy. Studies ordered to eval for surgery or further injection.; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Chronic low back and neck pain. Pain radiating into extremities. Numbness and tingling in extremities.; Physical Therapy, Epidural Steroid Injection, Narcotic Analgesics, NSAIDs, Muscle Relaxants, and TENS unit.

Radiology Services Denied Not Medically Necessary

Pain unchanged with current therapies, eval for possible surgery; This study is being ordered for trauma or injury.; 08/24/2015; There has been treatment or conservative therapy.; Burning, aching, radiating, continuous pains in the low back into the right lower extremity and neck into bilateral shoulders and upper extremities; Evaluation and treatment to date includes NSAID's, muscle relaxants, OTC analgesics, PT and epidural steroid injection.

Radiology Services Denied Not Medically Necessary

Patient fell out of tree stand while hunting in 2009. Patient states he has been having increased pain in his lower back within the past 4 months.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient had a fall in the past and now suffers from 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Patient had Cervical Spine MRI that was abnormal.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

patient has a job that requires standing on her feet at least 10 hours a day and has severe pain in back and sciatica nerve, she needs further testing to see what may be causing so much pain in her lower back and 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

Radiology Services Denied Not Medically Necessary

patient has 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

Radiology Services Denied Not Medically Necessary

Patient has complained about pain in back region for multiple weeks. We ordered lumbar X-rays but provided no evidence so we need Lumbar MRI to rule out an damaging issues that may be causing pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient has done physical therapy in home since 5/6/15 and still complains of back pain and provider also order physical therapy again when patient cam in complaining of back problems on 10/14/15; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/6/15; There has been treatment or conservative therapy.; low back pain; physical therapy at home

Radiology Services Denied Not Medically Necessary

patient has had back pain for 1 month; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient has had old injury in 2000 which was his last MRI reports. Still complains of having Chronic neck and back pain. Wanting to get established with a pain management doctor, which whom needs most recent MRI and X-ray reports; This study is being ordered for a neurological disorder.; old injury since 2000; It is not known if there has been any treatment or conservative therapy.; chronic neck and back pain with radiation down both arms and right lower extremity into hip(thigh) with numbness. hard time with balance and minimal movement of neck

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Patient has RLQ pain and low back pain x 1 month. Patient has history of colon and breast cancer.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient is having low back pain that is radiating down right leg. Having trouble getting up and walking.; 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

Radiology Services Denied Not Medically Necessary

patient is having numbness down in left leg, and he has been treated anti-inflammatory and muscle relaxer. Celeseone shoot and treated for a week and nothing helped so far. He has had some 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

Radiology Services Denied Not Medically Necessary

PATIENT WITH A HISTORY OF CHRONIC LOW BACK PAIN THAT IS RADIATING TO 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

Radiology Services Denied Not Medically Necessary

patient with on going right-sided low back pain with right-sided sciatica; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs 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.

Radiology Services Denied Not Medically Necessary

positive or neck and back pain with radicular pain to both legs; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or conservative therapy.; cervical neck pain, right shoulder pain, numbness and tngling to both arms. and low back pain with numbness and tingling to both legs

Radiology Services Denied Not Medically Necessary

Pt had MVA on 12/19/15; ER tests normal; told to follow up with PCP; seen 12/23/15 - put on 50 mg Ultram, 600mg Ibuprofen and Cyclobenzaprine 10 mg; on 12/28/15 says pain is worse; sharp pains radiating down both legs; waking him during sleep; xrays withi; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt has already done PT and it was unsuccessful; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Tenderness with palpation midline low back, pain increased with right 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.

Radiology Services Denied Not Medically Necessary

PT HAS BEEN HAVING BACK PAIN THAT HAS GOTTEN WORSE; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pt has been in several times for back pain that is getting worse. xrays were neg andn so was ct abd; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pt has complaint of back pain, lumber region first OV 05/16/2015 with back pain tender on palpation , with Muscle spasm; 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.; ;

Radiology Services Denied Not Medically Necessary

pt has had 8 weeks of PT with not improvement and anti inflammatories with not improvement. continues to have radicular signs; The study 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.

Radiology Services Denied Not Medically Necessary

pt has had persistent lower back pain that is not relieved with ROM at home, steroids, OTC meds, or Rx meds.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt has had previous MRI's done. She is stating that the pain is becoming more severe. MD is wanting to re examine to see if there are changes that is causing this increased pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3+ years.; There has been treatment or conservative therapy.; Chronic low back pain  Severity is mild to moderate.; Pt has completed PT, NSAIDS, pain manangement with no relief.

Radiology Services Denied Not Medically Necessary

Pt has low back pain...worse when she stands or stands straight.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt has years long hx of rt lower lumbar pain radiating down his legs, did have steroid therapy however after completion pain returned. Weakness in rt leg and spasms in para-spinal muscles.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt is having chronic back pain since 2013; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pt was in an accident two years ago; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt. was in a recent MVA.; The study requested is 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.

Radiology Services Denied Not Medically Necessary

R/O CANCER  back pain , radiculopathy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Radiating low back pain. Chronic. Hx of lumbar and cervical DDD based on MRIs from 2010. Physical Therapy has not bee helpful. NSAIDs help some, but pain continues. Leg weakness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient appears to be in mild to moderate pain, antalgic gait noted. Painful and reduced LS ROM noted.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

rates pain at 7 and initially it was at a 7; This study is being ordered for trauma or injury.; july 20th; There has been treatment or conservative therapy.; pain, decrease range of motion, radiculopathy; medication

Radiology Services Denied Not Medically Necessary

Recent x ray shows mild to moderate DDD L5-S1.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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 10 325 1/2 to 1 tab twice daily or as needed.

Radiology Services Denied Not Medically Necessary

right 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

Radiology Services Denied Not Medically Necessary

sciatica pain. as far back as 2012. gabapentin tried, meloxicam tried. check to see if candidate for surg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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.; McKenzie exercises, modified Williams position; Medrol dose pak  Norco zanaflex Sciatica chronic BP tx of NSAIDS and steroids injections; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

seen 11/13/2015, been going on for almost 2 months, given injection, and medication but patient still having symptoms that are not getting any better.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness on right lower extremities, numbness and tingling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Severity level is 7. The problem is worsening, it occurs persistently. Location is lower back, the patient describes the pain as stabbing. The patient denies relieving factors. Associated symptoms include decreased mobility, limping, & weight loss. Additi; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

she does has ms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; jan 2015; There has been treatment or conservative therapy.; chronic back pain; pt and medication

Radiology Services Denied Not Medically Necessary

She is also having a lot of neck and low back pain with radicular symptoms down both upper and lower extremities. She has been having a lot of falls and thinks this could be do to the back pain and loss of balance because of her abnormal gait. She is dizzy; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Pain; decreased ROM; radicular symptoms down both upper and lower extremities; dizziness; rest and at home exercises; NSAIDS; Ice and heat

Radiology Services Denied Not Medically Necessary

She is having right sided low back pain, right sided sciatica; and numbness below the knee.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

She reports an injury in 2007 (herniated disc at L5). She had surgery on her back by Dr. Simpson. She has been okay, but has recently aggravated the injury and now has pain in her lower back and down her left leg.; This study is being ordered for trauma or injury.; 2007; There has been treatment or conservative therapy.; Pain in lower back and down left leg.; Back surgery

Radiology Services Denied Not Medically Necessary

The patient has had low back pain for the last month.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

The Pt has hardware in ls spine from MVA 2003. Pt now having chronic low back pain, increasing.; 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.

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.

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.

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 Known or suspected tumor with or without metastasis

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

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

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

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)

Radiology Services Denied Not Medically Necessary

this patient has had back problems for 10 years, but recently re-injured back. they are having radiculopathy along with back pain; This study is being ordered for trauma or injury.; 10/12/15; It is not known if there has been any treatment or conservative therapy.; back pain, with radiculopathy

Radiology Services Denied Not Medically Necessary

This patient is in a great deal of discomfort.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The initial onset date was on March 16th of 2015.; There has been treatment or conservative therapy.; The primary symptoms: Pain in the patients hip, and back that is radiating down her left leg.; 1. Hip Injections of Depo Medrol.; 2. Physical Therapy.; 3. Medrol Dose Pack.; 4. Norco 7.5.; 5. Referral to the orthopedic doctor.; 6. Mobic 15.; 7. Home exercises

Radiology Services Denied Not Medically Necessary

treated on 9/25/15 with steroid and muscle relaxers and ice& heat therapy and has not been able to work because of the back pain, still on muscle relaxers and pain meds ;, The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

TTP of lower lumbar spine; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
unable to life leg without pain, tenderness in left lower lumbar,; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.

Radiology Services Denied Not Medically Necessary

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.; low back pain caused patient pt fall. brief parallsys; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; 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.

Radiology Services Denied Not Medically Necessary

UNKNOWN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.

Radiology Services Denied Not Medically Necessary

UNKNOWN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; NO BETTER.BEING REFERRED TO AN ORTHO DR FOR EVAL OF SYMPTOMS

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.

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

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.; R leg 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.

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

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; unknow; It is not known if there has been any treatment or conservative therapy.; unknown

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; Several months ago. Patient Is seeing a neurosurgeon .; There has been treatment or conservative therapy.; Pain in hips and back that does not go away; Patient has had injections

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.; may 2015; There has been treatment or conservative therapy.; pain radiates from neck down back, knots in back and neck, no neurologic deficits, just aches and pain, headaches; chiropractor, prednisone, maloxicam daily,

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain, difficulty walking and sitting, headaches, hard to turn head; Previous surgery, ibuprofen, tramadol, medrol

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; 10/12/2015; There has not been any treatment or conservative therapy.; Knot over the area, Pt. was assaulted stabbed multiple times, pain in the area of the L shoulder, pain in the lower back stabbing.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; 9/3/2015; There has been treatment or conservative therapy.; painful hip joint, swelling, edema, clicking and popping. Limited ROM. Painful to walk on.; Home exercises, medication, heat and cold therapy, for 6 weeks.

Radiology Services Denied Not Medically Necessary

will fax clinical information; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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.

Radiology Services Denied Not Medically Necessary

worsening pain since 7/15; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

x-ray showed degenerative changes.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.

Radiology Services Denied Not Medically Necessary

Xrays done in clinic showing wedging/abnormal findings on 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.; Unknown; There has not been any treatment or conservative therapy.; Wedging of T1 test needed to rule out compression fracture

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; severe back pain/high bp

Radiology Services Denied Not Medically Necessary

; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

Check left SI joint. patient with pain, popping and movement in patient with scoliosis.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

No clinicals available; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/18/2015; There has been treatment or conservative therapy.; tingling numbness in in feet knee and arms//back pain, joint pain, knee pain, muscle aches//worsening back and bilateral hip pain//can barely walk//tenderness in the left hip (trochanter)also low back tenderness//restricted range of motion in both hips//; had trigger point injections//medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being 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.; Scoliosis of the spine back pain

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3 years ago; There has been treatment or conservative therapy.; patient having hip pain; medications, physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 09/01/15; It is not known if there has been any treatment or conservative therapy.; patient is having pain in her buttocks and pelvic region

Radiology Services Denied Not Medically Necessary

Pain disproportionate to x-ray findings. MRI needed to appropriately treat patient.; This study is being ordered for a neurological disorder.; Patient fell on 01/09/2015 and pain in coccyx began approximately 1 month after.; It is not known if there has been any treatment or conservative therapy.; A burning sensation in the tailbone, lower back pain on the left lumbar, tenderness, and acute on chronic duration. The left lower back exhibited minimal tenderness on palpation. Range of motion is limited throughout the lumbar spine. Pain demonstrated wi

Radiology Services Denied Not Medically Necessary

Pt has had previous MRI's done. She is stating that the pain is becoming more severe. MD is wanting to re examine to see if there are changes that is causing this increased pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3+ years.; There has been treatment or conservative therapy.; Chronic low back pain  Severity is mild to moderate.; Pt has completed PT, NSAIDS, pain manangement with no relief.

Radiology Services Denied Not Medically Necessary

r/out something more complicated than back strain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; muscle weakness and pain; meds,

Radiology Services Denied Not Medically Necessary

Left arm popped upon injury.; This study is being ordered for trauma or injury.; 9-21-15; There has not been any treatment or conservative therapy.; Reports he immediately had pain in forearm and weakness in wrist.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; nOV 23 2015; There has been treatment or conservative therapy.; finger pain and adema; antibiotics

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the upper extremity.

Radiology Services Denied Not Medically Necessary

PCP ORDERING MRI'S FOR FURTHER EVAL TO DETERMINE PLAN OF CARE.; This study is being ordered for trauma or injury.; PATIENT HAD ACCIDENT ON 11-9-15 AT WHICH TIME HE WENT TO ER AND THEN FOLLOWED UP W PCP ON 11-11-15.; There has been treatment or conservative therapy.; CHRONIC UPPER EXTREMITY PAIN INCLUDING ELBOWS, FOREARMS, SHOULDERS, LEFT HAND, AND HUMERUS.; PATIENT GIVEN PAIN MED - TRAMADOL AND PCP SUGGESTED TAKING IBUPROFEN, HEAT AND REST.

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.

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.

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/2015; There has been treatment or conservative therapy.; Arthritis, cervical pain radiating down arm, chronic right shoulder pain.; Anti-inflammatory and pain meds, at home exercises.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; shoulder and neck pain

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/14/2015; There has been treatment or conservative therapy.; shoulder pain radiates down arm, hands, fingers, pain is worst when patient is at rest; physical therapy/prescribed meds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/4/2015; There has been treatment or conservative therapy.; pain & weakness; medications

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.; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2 weeks ago.; There has not been any treatment or conservative therapy.; Patient states her right outer upper thigh numb , sharp shooting pains at times , dull achy just sitting , can not lay or sleep flat of her back because it feels like its pulling her legs.

Radiology Services Denied Not Medically Necessary

; This study is 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.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2015 for the shoulder 07/2015 for back; There has been treatment or conservative therapy.; pain in shoulder and back; muscle relaxer and rest on shoulder.  referred to orthopedic for 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.; Feb. 2014; There has been treatment or conservative therapy.; pain, tenderness, decrease range of motion. difficulty walking; medications

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 10/12/2015; There has been treatment or conservative therapy.; Back pain with right sided radiculopathy, right shoulder pain, and right upper quadrant pain; 10/28/15 - Started methylPREDNISolone (MEDROL DOSEPACK) tablet 4 mg  methocarbamol (ROBAXIN) tablet   She took muscle relaxers and 2 steroid packs with only temporary relief  X-Ray Lumbar Spine AP and Lateral  X-Ray Shoulder Right AP Internal AP E

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; pt has hx of seizure disorder that causes tramua to shoulders, this has been a problem for years; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Dislocated shoulder, knee has pain and swelling and unable to extend or bend knee, abnormal x ray is consistent with articular cartilage disruption; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

fell over month ago from syncope due to heart problem; burning pain feeling; 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.; otc Tylenol & ibuprofen; The patient received medication other than joint injections(s) or oral analgesics.

Radiology Services Denied Not Medically Necessary

negative shoulder xray. Pain for 3 months post heavy lifting; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

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.; 9-23-2014; There has been treatment or conservative therapy.; Pain radiating down legs and arms.; Medication and HEP

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 TO RIGHT SHOULDER, DECREASED MOTION AND DECREASED STRENGTH WITH OCCASIONAL PARESTHESIAS.  BILATERAL KNEE PAIN, OSTEOARTHRITIS; PAIN MEDICATIONS  ORTHOPEDIC WITH JOINT INJECTIONS   ATHROTECH

Radiology Services Denied Not Medically Necessary

Nope; This study is being ordered for trauma or injury.; 11/18/2015; There has not been any treatment or conservative therapy.; Low back pain and left shoulder pain. ongoing shoulder pain; This study is being ordered for a neurological disorder.; ongoing shoulder pain for 2 months; There has been treatment or conservative therapy.; bilateral shoulder pain; pain medications, anti inflammatory, steroid injs in both shoulders

Radiology Services Denied Not Medically Necessary

Patient has sclertic changes in Cervical spine the c5 and c6 as well as c6 and c7. As well as the shoulder reagon cannot flex the shoulder region beyond range of motion because of the pain.; This study is being ordered for trauma or injury.; 11/07/2015; There has been treatment or conservative therapy.; Pain in the neck and shoulders with fingers on left side and arm going numb; Has been doing PT at home and ensaids and Ice and heat at home trying to resolve not getting any better needs to be further evaluated

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

patient seen in office 10/5/15 - having severe L shoulder pain x 3 weeks - started after moving a couch. on exam of L shoulder: decreased ROM, marked pain with adduction, and external rotation (pain 9/10). Therapy to date :rest, ice, otc analgesics -inef; This study is being ordered for trauma or injury.; 10/1/15; There has been treatment or conservative therapy.; shoulder: severe pain 9/10 - decreased ROM - impingement syndrome Knee: crepitus, popping, knee gives out, limited ROM; rest, ice, otc medications - provider ordered Motrin 800 mg on 10/5/15

Radiology Services Denied Not Medically Necessary

Patient states pain radiates down to elbow; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-28-15; There has not been any treatment or conservative therapy.; Patient has neck and arm pain that limits range of motion

Radiology Services Denied Not Medically Necessary

PCP NEEDS MRI FOR FURTHER EVAL. TO DECIDE FURTHER TREATMENT.; This study is being ordered for trauma or injury.; PATIENT FELL OFF OF SCAFFOLDING ON 11-9-15 AT HOME. TAKEN TO ER AND THEN HAD FOLLOW UP APPT WITH PCP ON 11-11-15. NO FX SEEN ON XRAYS BUT PT STILL COMPLAINING OF CHRONIC PAIN, LIMITED RANGE OF MOTION RE BOTH SHOULDERS, PAIN IN LEFT HAND, AND PAIN IN ELB; There has been treatment or conservative therapy.; SEVERE PAIN IN UPPER EXTREMITIES, I.E. ELBOWS, FOREARMS, L HAND, HUMERUS, AND SHOULDERS.; PATIENT GIVEN MEDS FOR PAIN. PCP WANTS MRI BEFORE MAKING DECISION RE PT.

Radiology Services Denied Not Medically Necessary

Physical therapy 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.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Radiology Services Denied Not Medically Necessary

positive or neck and back pain with radicular pain to both legs; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or conservative therapy.; cervical neck pain, right shoulder pain, numbness and tngling to both arms.  low back pain with numbness and tingling to both legs

Radiology Services Denied Not Medically Necessary

possible rotator cuff tear; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has 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.; stretching; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

PT has already done physical therapy and its not helping any, the shoulder it not getting better so DR wants to see if something is torn.; 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.

Radiology Services Denied Not Medically Necessary

PT has been through Physical therapy and its not working; 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.

Radiology Services Denied Not Medically Necessary

Pt heard a pop while firing arifle, Pt says can't lift, joint is swollen, weakness in 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.

Radiology Services Denied Not Medically Necessary

Pt injured arm on 9/21/15. He heard his his left arm popped and immediately experienced pain. The pain has not subsided.; 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.

Radiology Services Denied Not Medically Necessary

Pt is having pain in the shoulder; 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.

Radiology Services Denied Not Medically Necessary

Pt is having pain in wrist associated to a mass. Pain is worsening.; The pain is from a known mass.; It is unknown if a diagnosis of Mass, Tumor, or Cancer has been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

Radiology Services Denied Not Medically Necessary

rates pain at 7 and initially it was at a 7; This study is being ordered for trauma or injury.; July 20th; There has been treatment or conservative therapy.; pain, decrease range of motion, radiculopathy; medication

Radiology Services Denied Not Medically Necessary

She had recent anterior cervical fusion with an anterior cortical plate, vertebral body screws, and intervertebral graft from C5 through C7; patient has severe right 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.

Radiology Services Denied Not Medically Necessary

shoulder pain that is getting 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.; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

Shoulder pain, shoulder injury; 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.

Radiology Services Denied Not Medically Necessary

surgery back in 2002; This study is being ordered for Inflammatory/ Infectious Disease.; 05/2015; There has not been any treatment or conservative therapy.; pain Suspected torn rotator cuff. Limited range of motion, X-ray on 9/30/2015 but it was normal. Stiffness and 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.

Radiology Services Denied Not Medically Necessary

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.";

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."; complains of pain in left shoulder for several months. xrays were normal. painful range of motion and limited ability to raise the arm to 180 degrees. no relief with ibuprofen, flexeril and tramadol.

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."; Decreased ROM, Onset x 1 week, worsening condition

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."; L shoulder pain limited ROM extremity weakness

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Left Shoulder pain started 4 weeks ago, no known injury, pain does radiate from left shoulder to left hand, pt has tried tylenol and ice without relief

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."; none

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 fell on 08/23/15 injury to right shoulder . Decrease range of motion and in pain . Patient had x-ray done which showed no fracture . He was given home exercises and as need prescribe pain medications. Patient called 10/15/15 reported no symptoms h

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; patient has had shoulder pain for 3 months due to an injury playing football. has difficulty moving his arm with decrease range of motion. dr perser believes the patient has had a biceps tear.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; patient is experiencing pain and decreased ROM in right shoulder since changing a tire two weeks ago. has tried medication without relief or improvement

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient was moving furniture in her home & injured her shoulder. Patient is experiencing limited range of motion.

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 HAD SHOULDER PAIN INTERMITTENTLY FOR A FEW MONTHS AFTER PULLING SOMETHING THEN A WEEK AGO PAIN BECAME CONSTANT. PAIN IS AT LEFT SHOULDER WITH RADICULOPATHY DOWN ARM AND UP INTO NECK. TENDER AT ROTATOR CUFF. POSITIVE EMPTY CAN TEST. LIMITED ROM IN S

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; rt shoulder pain with decreased rom and strength.  Pt is here today with pain in his rt shoulder. He has had this for awhile but yesterday he felt a pop and he has had severe pain since then

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; She can not put any pressure on this shoulder without a lot of pain and cannot pull on anything. Not able to raise her arm above her head.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; She was playing football three weeks ago and injured the right shoulder. She has pain with any movement. Limited range of motion. She has pain in the front and lateral shoulder. She has much less strength, is barely able to wash her face for example.

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.;

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient has been treated with anti-inflammatory, crepitus and limited range of motion in right shoulder,

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient has shoulder pain and has had it for over a month. no known injury

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 has had previous surgery x2 on right shoulder last one being 15 years ago. He is having increased shoulder pain with no history of recent trauma

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. had a mass on left shoulder with pain.

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.

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.;

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >

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.; 36 year old male patient w/ pain in shoulder, radiates down the right arm and pt loses grip. Tingling and numbness also

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.; Because of shoulder pain, suspecting rotator cuff injury
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/arm weakness, pain with internal and external rotation as well as abduction of left arm

Radiology Services Denied Not Medically Necessary

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.; member fell, limited range of motion, can not reach above his head or across the body, x Ray was normal. weakness in the arm and hand.
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; patient had a MVC on 12/07/15. her shoulder has been hurting since then

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.; Persistent right shoulder pain which is worsening. Decreased ROM. No relief from Meloxicam or Tramadol. Injection in shoulder gave only minimal relief.

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 noted in the anterior and posterior left shoulder

Radiology Services Denied Not Medically Necessary

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.; The Pt had fall, shoulder hurting. pt had injection.
The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; It is not known if the patient has had recent plain films of the shoulder.; Probable rotator cuff tear

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; Pt is experiencing severe shoulder pain with neuropathy and decreased ROM

Radiology Services Denied Not Medically Necessary

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 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.; Patient had surgery in 2008. Pain returned to shoulder about 8 months ago.

Radiology Services Denied Not Medically Necessary

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

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 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.

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.

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.

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

To eliminate pain level for patient and to provide a better view for our practitioner.; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Pain and Inflammation; Physical therapy; Pain management

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.

Radiology Services Denied Not Medically Necessary

Unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 6 WKS WITH NO RELIEF; ANTI-INFLAMMATORY; The patient received medication other than joint injections(s) or oral analgesics.

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.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; 10/12/2015; There has not been any treatment or conservative therapy.; Knot over the area, Pt. was assaulted stabbed multiple times, pain in the area of the L shoulder, pain in the lower back stabbing.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.
Yes, this is a request for CT Angiography of the 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 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2015; There has been treatment or conservative therapy.; was working out and heard a load pop and made he fall and has had swelling; MRI, injection, medication and is following up in a week

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; patient having knee and back pain, swelling ,weakness and tenderness; physical therapy and medications

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PAIN- 8/5/15; 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 >

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 years ago; There has been treatment or conservative therapy.; pain; injections

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.; 9-26-2015; There has been treatment or conservative therapy.; pain in left foot and ankle area; ibuprofen stretching and ice

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.; 9/4/2015; There has been treatment or conservative therapy.; pain and discomfort, hard time standing, lower back pain, numbness to feet, tingling down the legs..; physical, strength

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; It is not known if patient has completed and failed a course of conservative treatment.

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.

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.; There is no conservative treatment of Physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2015; There has been treatment or conservative therapy.; Bilateral knee pain; Im injections, steroids, and anti inflammatory medication

Radiology Services Denied Not Medically Necessary

; This study is 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 months; There has been treatment or conservative therapy.; pain,; x-rays, injections in knees, orthopedic care

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Feb. 2014; There has been treatment or conservative therapy.; pain, tenderness, decrease range of motion. difficulty walking; medications

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has back pain and a torn hamstring; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Roughly 3 months ago, beginning in October; It is not known if there has been any treatment or conservative therapy.; Hurt back making bed x3 months ,radiates down leg   Has had low back pain 3 months. Was making her bedtime and felt something give way.  Pain started to radiate down the left leg 1 month ago. Has good GI and GU system control. Extremities are not numb

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Hip Pain; PT

Radiology Services Denied Not Medically Necessary

abnormal xrays; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; severe pain; steroid injections physical therapy anti-inflammatories heat, stretching, massage

Radiology Services Denied Not Medically Necessary

ankle pain after 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.

Radiology Services Denied Not Medically Necessary

Difficulty of immobilizing; 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.

Radiology Services Denied Not Medically Necessary

Dislocated shoulder, knee has pain and swelling and unable to extend or bend knee, abnormal x ray is consistent with articular cartilage disruption; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

for right 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 not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Having severe pain with swelling and is getting worse.This is aggravated by weightbearing on the ankle. The Xray taken was negative. Has taken medications and has little relief.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

Radiology Services Denied Not Medically Necessary

Heat and cold does not help, no relief with OTC medications, was put on pain medications; 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.

Radiology Services Denied Not Medically Necessary

indicated possible fracture; (stepped on a sharp rock on her heel); foot pain.; 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.

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 an old injury.; The physician has not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Knee tries to lock up on her at times; 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.

Radiology Services Denied Not Medically Necessary

Musculoskeletal: Musculoskeletal: muscle aches, arthralgias/joint pain, and back pain; rt. shoulder pain , neck pain, thoracic and lower back pain as well as left knee 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.; Non-acute Chronic Pain; Pain greater than 3 days

Radiology Services Denied Not Medically Necessary

MVA/MOTORCYCLE ACCIDENT IN RECENT PAST. INJURED RIGHT KNEE. PCP ORDERING FOR FURTHER EVAL.; 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.

Radiology Services Denied Not Medically Necessary

n/a; This study is being ordered for Inflammatory/ Infectious Disease.; n/a; There has been treatment or conservative therapy.; CERVICAL- numbness, tingling, L-arm numbness; KNEE- pain, difficulty walking; NSAID's No additional information; 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.

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.; unknown; There has not been any treatment or conservative therapy.; bilateral knee pain for four years.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for Inflammatory/ Infectious Disease.; more than 6 months; There has been treatment or conservative therapy.; knee and lower back pain; pain management, pain meds,

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 TO RIGHT SHOULDER, DECREASED MOTION AND DECREASED STRENGTH WITH OCCASIONAL PARESTHESIAS.; BILATERAL KNEE PAIN, OSTEOARTHRITIS; PAIN MEDICATIONS; ORTHOPEDIC WITH JOINT INJECTIONS ; ATHROTECH

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Onset: 1 week ago. Location: left foot (heel). The pain radiates to the up back of leg. Context: there is no injury. The pain is aggravated by movement. The pain is relieved by brace/splint and ice. Associated symptoms include decreased mobility. A; This study is being ordered for Inflammatory/ Infectious Disease.; 09/18/2015; There has been treatment or conservative therapy.; Onset: 1 week ago. Location: left foot (heel). The pain radiates to the up back of leg. Context: there is no injury. The pain is aggravated by movement. The pain is relieved by brace/splint and ice. Associated symptoms include decreased mobility. A; nsaid's, muscle relaxer, and pain meds as needed; ankle brace; ice/heat; rest pain started two month ago and swelling and no injury to the foot.; 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.

Radiology Services Denied Not Medically Necessary

pain when walking, and was in a car accident a year ago.; 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.

Radiology Services Denied Not Medically Necessary

PATIENT COMPLAINING OF CHRONIC RIGHT KNEE PAIN, INSTABILITY. RECENT MVA. PCP ORDERING MRI FOR FURTHER EVAL.; 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.

Radiology Services Denied Not Medically Necessary

patient continues to have pain, swelling, bruising in left ankle since his injury/ now having numbness in foot also; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Patient had previous internal scraping of knee 1 year ago with pain ever since with 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.; Non-acute Chronic Pain; Pain greater than 3 days

Radiology Services Denied Not Medically Necessary

patient has decrease range of motion and pain and tenderness.; 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.

Radiology Services Denied Not Medically Necessary

Patient is having severe onset of knee pain for 5 days now.; 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.; No, the member do not experience a painful popping, snapping, or giving away of the knee.

Radiology Services Denied Not Medically Necessary

patient seen in office 10/5/15 - having severe L shoulder pain x 3 weeks - started after moving a couch. on exam of L shoulder: decreased ROM, marked pain with adduction, and external rotation (pain 9/10). Therapy to date :rest, ice, otc analgesics -inef; This study is being ordered for trauma or injury.; 10/1/15; There has been treatment or conservative therapy.; shoulder: severe pain 9/10 - decreased ROM - impingement syndrome; Knee: crepitus, popping, knee gives out, limited ROM; rest, ice, otc medications - provider ordered Motrin 800 mg on 10/5/15

Radiology Services Denied Not Medically Necessary

Patient was seen in office for knee pain and numbness. Patient was crying she was in so much 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 not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

PHYSICIAN LOOKING FOR TORN MENISCUS-; 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.

Radiology Services Denied Not Medically Necessary

possible meniscus tear; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2015; There has been treatment or conservative therapy.; knee pain knee swelling inflammation abnormal xray and possible meniscus tear; PT but got worse

Radiology Services Denied Not Medically Necessary

Right knee pain; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.; It is not known if the member experience a painful popping, snapping, or giving away of the knee.

Radiology Services Denied Not Medically Necessary

TENDERNESS IS NOTED OVER THE ;ATTERRAL JOINT LINE RIGHT KNEE PAIN INSTABILITY; 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.

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.

Radiology Services Denied Not Medically Necessary

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

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?

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.

Radiology Services Denied Not Medically Necessary

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

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.

Radiology Services Denied Not Medically Necessary

To eliminate pain level for patient and to provide a better view for our practitioner.; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Pain and Inflammation; Physical therapy; Pain management

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for a neurological disorder.; 08/07/2015; There has been treatment or conservative therapy.; Swelling, severe knee pain; LOSE WEIGHT unable to flex knee completely, knee eptis; 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.

Radiology Services Denied Not Medically Necessary

Unknown.; This study is being ordered for Inflammatory/ Infectious Disease.; November 2015; There has been treatment or conservative therapy.; Weakness and pain; Patient is compliant with therapy. Regular exercise unknown; 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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; unknow; It is not known if there has been any treatment or conservative therapy.; unknown

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.; 09/18/2015; There has not been any treatment or conservative therapy.; Pain radiating from knee down to foot, tingling in feet, aggravated by movement

Radiology Services Denied Not Medically Necessary

With regard to the leg pain, MICHELLE sustained an injury to the left thigh lower leg. The injury was 12-14 months ago. The precipitating event was running. She denies associated bruising, crepitus and weakness. She characterizes the pain as intermitt; This study is being ordered for trauma or injury.; With regard to the leg pain, MICHELLE sustained an injury to the left thigh lower leg. The injury was 12-14 months ago. The precipitating event was running. She denies associated bruising, crepitus and weakness. She characterizes the pain as intermitt; There has been treatment or conservative therapy.; With regard to the leg pain, MICHELLE sustained an injury to the left thigh lower leg. The injury was 12-14 months ago. The precipitating event was running. She denies associated bruising, crepitus and weakness. She characterizes the pain as intermitt; With regard to the leg pain, MICHELLE sustained an injury to the left thigh lower leg. The injury was 12-14 months ago. The precipitating event was running. She denies associated bruising, crepitus and weakness. She characterizes the pain as intermitt

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 >; pt, meds

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.; 11/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication, home exercise

Radiology Services Denied Not Medically Necessary

; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Since March of 2015. After she had a heart cath done in her right leg.; There has been treatment or conservative therapy.; Pain in groin area , Right upper thigh pain , lumbar pain .; She was treated in the Harris Hospital emergency department with pain injection and steroid injection , relived her pain for 10days. She went to the St Bernard's Emergency Department Friday 11/20/2015 and they gave her another steroid injections. She is a left hip discomfort with range of motion; 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.

Radiology Services Denied Not Medically Necessary

Mr. WILLIAMS presents with a diagnosis of passenger injury in MVA. This was diagnosed 10 days ago. The course has been progressively worsening. It is of severe intensity. They were traveling at 60 MPH and another vehicle pulled in from of them trying ; 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.

Radiology Services Denied Not Medically Necessary

Pain, failed PT, abnormal x-ray results.; 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.

Radiology Services Denied Not Medically Necessary

PT has pain going down right side of her leg into her toes. Numbness in her toes.; 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.

Radiology Services Denied Not Medically Necessary

radiating to left buttock..arthritis..worse when weightbearing..worse when actively moving..difficulty lying on left side.; 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.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term 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.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.

Radiology Services Denied Not Medically Necessary

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is 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.

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.

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

to try to find out what is causing the pain in her hips/legs; This study is being ordered for a neurological disorder.; 05/27/2015; There has been treatment or conservative therapy.; hips hurt and goes into her legs; Physical therapy, medication, life style Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; Several months ago. Patient Is seeing a neurosurgeon .; There has been treatment or conservative therapy.; Pain in hips and back that does not go away; Patient has had injecions

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.

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2015; There has been treatment or conservative therapy.; RUQ abdominal pain; Meloxicam  cyclobenzaprine

Radiology Services Denied Not Medically Necessary

Abdominal palpitation revealed abnormalities ttp- to RLQ and RUQ pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

abnormal finding on xray, fluid field in the illias, recommended follow up; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Abnormal Weight loss not otherwise explainable looking for metastatic disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; past year 6/30/2014; There has been treatment or conservative therapy.; Abnormal Weight Loss; Increased caloric intake; inconclusive lab results

Radiology Services Denied Not Medically Necessary

chronic cough and night sweats and strong family history of lung cancer; 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

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown If No Info worsening RLQ pain for 24 hours; 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.

Radiology Services Denied Not Medically Necessary

Intermit RUQ pain x 6 mo that is getting worse and more frequent.r/o liver tumors, abd ca.Intermittent problems for the past 6 months. Sharp pressure under R rib cage both anterior and posteriorly. No known causes.; 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.

Radiology Services Denied Not Medically Necessary

jaundice and possible liver problems.; 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.

Radiology Services Denied Not Medically Necessary

Mass of chest wall and rib pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; first onset; There has not been any treatment or conservative therapy.; red patchy plaquing noted to torso. quarter size soft mass noted to left chest

Radiology Services Denied Not Medically Necessary

NAUSEA AND VOMITING AND WORSENING COUGH; This study is being ordered for Inflammatory/ Infectious Disease.; JUNE 2015; There has been treatment or conservative therapy.; LEFT CHEST WALL PAIN AND DIFFUSE ABOMINAL PAIN. ALSO NAUSEA AND VOMITING AND WORSENING COUGH; ANTIINFLAMMATORY WAS GIVEN IN JULY 2015. PAIN IS WORSENING AND PATIENT WANTS SOMETHING DONE.

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

Radiology Services Denied Not Medically Necessary

pain in upper right abdomen several months, worse after drinking water, pain is 7 on a 1-10 scale, stoppd prevacid, began Dexilant; 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.; There is no known prostate cancer with a PSA 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.

Radiology Services Denied Not Medically Necessary

Patient has been complaining about abdomen pain about 3 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

Radiology Services Denied Not Medically Necessary

Patient has been having Abd. pain and x-ray shows dialated bowel loops and Dr. Perser needs CT to see how to best treat his patient; 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

Radiology Services Denied Not Medically Necessary

Patient has had irregular bowel movement.; 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.

Radiology Services Denied Not Medically Necessary

Patient has increased abdominal pain with abnormal liver function and lab chemistry.; 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.

Radiology Services Denied Not Medically Necessary

Patient is scheduled as pre-op measure prior to endoscopy as well.; 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.

Radiology Services Denied Not Medically Necessary

PERSISTANT DIARRHEA AND PERSISTANT ACUTE 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

Radiology Services Denied Not Medically Necessary

Pt has been having Chronic LUQ Abdominal Pain, L sided Rib pain, chest wall pain for @ 5 months. Pt had Chest xray that was normal, and Bone Scan that was normal. She continues to have pain. Dr is looking for any masses or abnormality that could be cau; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

pt has had low potassium levels since 4- 2014. Cardiologist suggested CT of Adrenal Glands to check for Adrenal Insufficiency; 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

Radiology Services Denied Not Medically Necessary

Pt is having continuous LLQ abdominal pain. She did have tenderness with palpation of the LLQ. hx of cervicitis; 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

Radiology Services Denied Not Medically Necessary

Severe abdominal pain, history of diaphragmatic hernia, with repair; 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

Radiology Services Denied Not Medically Necessary

severe left-upper quadrant tenderness to palpation present; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

WE ARE WANTING TO RULE OUT ENLARGEMENT OF LIVER DUE TO FREQUENT PAIN IN THE RIGHT UPPER ABDOMEN, NAUSEA AND VOMITING.; 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.

Radiology Services Denied Not Medically Necessary

; This study is 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.; blood in urine discovered in routine DOT physical, This is a request for CT Angiography of the Abdomen and Pelvis. Yes, this is a request for CT Angiography of the abdomen.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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.

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This is a request for an abdomen-pelvis CT combination.; This study is being 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.

Radiology Services Denied Not Medically Necessary

; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; 07/27/2010; There has been treatment or conservative therapy.; Abdominal pain Abdominal Bloating Hemoptysis;

Radiology Services Denied Not Medically Necessary

; This study is 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.; blood in urine discovered in routine DOT physical,

Radiology Services Denied Not Medically Necessary

; This study is 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.; ;

Radiology Services Denied Not Medically Necessary

3month follow-up post radiation; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

ABD PAIN; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

Abdominal exam shows POINT tenderness LLQ QUESTIONABLE DEFECT PRESENT.; no mass palpable ; no fullness palpable ; no bruit present ; ; rebound NO; guarding yes PROTRUSION OF RECTUS ABDOMINIS, VENTRAL HERNIA?; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

Radiology Services Denied Not Medically Necessary

Abdominal tenderness; bilateral upper quadrant pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.

Radiology Services Denied Not Medically Necessary

blood in urine; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.

Radiology Services Denied Not Medically Necessary

chronic left lower quadrant pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.

Radiology Services Denied Not Medically Necessary

chronic low back pain, abdominal pain, x ray done, tried medications; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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.

Radiology Services Denied Not Medically Necessary

clinical bypass; 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.

Radiology Services Denied Not Medically Necessary

constipation lasting more the 2 weeks / 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.

Radiology Services Denied Not Medically Necessary

Constitutional: Constitutional: no fever or fatigue and good appetite, normal activity level, and excess 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.; Approximately 9 mos ago; It is not known if there has been any treatment or conservative therapy.; 30 pound weight loss over a 9 month period. Also has dark tarry stools.

Radiology Services Denied Not Medically Necessary

exam had tenderness , pt is having worsening pain when she coughs painful intercourse; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

Radiology Services Denied Not Medically Necessary

HE HAS A BULGING IN HIS inguinal region He says that has been there off and on for the last few months. He also notes he has a lotof GERD for wehich he has taken Omeperazole in the past He says that he was supposeto have an EGDbefore he went off to pris; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

Radiology Services Denied Not Medically Necessary

high white blood count; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is 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.

Radiology Services Denied Not Medically Necessary

infection in appendix; This is a request for an abdomen-pelvis CT combination.; This study is being 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.

Radiology Services Denied Not Medically Necessary

needs ct to get better look at intraperitoneal mas found on 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 performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.

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 performed.; The results of the exam were normal.; The patient did not have an Ultrasound.

Radiology Services Denied Not Medically Necessary

Patient complains of generalized abdominal pain. Mr. BASKIN complains of abdominal pain that is diffuse in location. It began 6 to 9 months ago. The onset of pain occurred with no apparent trigger. He characterizes it as sharp. It is of severe intens; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

Radiology Services Denied Not Medically Necessary

Patient has had a worsening loss of appetite since initial abdominal pain visit on 10-13-15. She is having generalized abdominal pain after she eats. Dr. Siddiqui suspects malignancy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

Patient has Hep C and severe abdominal pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

Patient has persistent abdominal pain in the left side, he states it radiates into his back. He has history of kidney stones, however urine is clear. Guarding present on physical exam, abdomen is tender to palpation. Patient also has dyspepsia.; This is a request for an abdomen-pelvis 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.

Radiology Services Denied Not Medically Necessary

patient is 2 weeks s/p Cholecystectomy and is having severe pain starting in epigastric area and radiating to mid back; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

Radiology Services Denied Not Medically Necessary

Patient states that she has been treated for a lung infection over the past couple of months with three rounds of antibiotics. States that she was diagnosed with pleurisy yesterday and had a chest X-ray. Went to the ER last night for severe abdominal pa; 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 physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Patient with bulge in mid abdomen; umbilical 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.

Radiology Services Denied Not Medically Necessary

PT C/O ABDOMINAL PAIN LOCATED IN LEFT FLANK. -DOES NOT RADIATE.. ONSET OVER 1 YR AGO AGO. PAIN IS CONSTANT. FEELS ABOUT THE SAME AFTER EATING. DOES WORSEN WITH JARRING MOVEMENT. DOES NOT WORSEN WITH CHANGE IN POSITION OR DEEP BREATH. FEELS ABO; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.

Radiology Services Denied Not Medically Necessary

PT HAS HAD INTERMITTENT ABD PAIN FOR THE LAST SEVERAL YEARS DESCRIBED HAS A DULL ACHE THAT SOMETIMES RADIATES TO THE BACK REGION.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

SEVERE PAIN IN HERNIA PAIN RADIATES TO LEGS AND CAUSES FALLS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

Radiology Services Denied Not Medically Necessary

source of 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.

Radiology Services Denied Not Medically Necessary

tender in chest/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.; 2 weeks ago; There has been treatment or conservative therapy.; swollen lymph nodes, cough; ultrasound neck, chest xray, iron tablets

Radiology Services Denied Not Medically Necessary

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 not experiencing hematuria.; Kidney/Ureteral stone; Patient is having excruciating pain starting Oct. 22, 2015, patient came back in today because it is unresolved.

Radiology Services Denied Not Medically Necessary

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.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; 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; follow up from abnormal CT abdomen pelvis 7-13-14

Radiology Services Denied Not Medically Necessary

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.; It is not known if there are 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.;

Radiology Services Denied Not Medically Necessary

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.; It is not known if there are 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.; unintentionally lost 40 pounds, bloating and cramping unable to eat.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation;

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

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.;

Radiology Services Denied Not Medically Necessary

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>

Radiology Services Denied Not Medically Necessary

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.; abdomen is distended on exam during visit on 10/12/15.

Radiology Services Denied Not Medically Necessary

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.; Abdominal Pain

Radiology Services Denied Not Medically Necessary

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.; KUB is unremarkable except he does have a rather large calcified nodule seen in the left upper quadrant over the area of the left kidney. His symptoms are more consistent with diverticular disease so we will treat him empirically until we are able to get

Radiology Services Denied Not Medically Necessary

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.; n/a

Radiology Services Denied Not Medically Necessary

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.; the members unrin keeps coming back infected

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;

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>

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; 16 y/o female with a complaint of fever head ache and nausea with severe intensity x 2 weeks. normal CBC. positive for dysmenorrhea and menorrhagia with dizziness. also c/o stiff neck, ear pain, freq rhinorrhea, sore throat and tooth pain with a recent co

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; ab pain, tested for H Pylori, tenderness, bloated and full abdomen

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; abd pain for greater then 5 days with low back,

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; abdomen pain on and off for several months

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; Abdominal pain

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

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 - rt upper quad

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, gas, bloating

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, irritable bowel syndrome. medicine is not helping and pain is getting worse. Gas pattern large amount of stool present.

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; Abnormal Abdominal Ultrasound. Recommended CT for the patient

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; abnormal ultrasound

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; ADDITIONAL CLINICAL NOTES WILL BE FAXED IF NEEDED.

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; C/O PAIN INHISRIGHT LOWER QUAD 1 WEEK  STILL PRESENT NOW BUT NOT AS SEVERE NO NAUSEA OR VOMITING

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; chronic ABD and Pelvic, and work up done

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; Constipation lower right quad pain

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; Esophageal Reflux: Follow up, still gets heartburn occasionally, feels better with the nexium, but within 3 days the heartburn comes back. reports nexium worked better than omeprazole but still having a weird sensation in her epigastric region.  Nausea

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; gall bladder symptoms

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; generlized left sided abdominal tenderness. HPI    Abdominal Pain   Reported by patient.  Location: generalized - LUQ but also periumbilical and sometimes llq  Quality: pain; bloating; cramping; tender Severity: moderate  Duration: intermitte

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; gradual onset right lower abd/groin pain it pulls with running or any strenuous activity, he cannot do set ups do to pain

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; groin pain". He has seen a urologist and was not found to have problem He has continued to have the pain

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; HAS HISTORY OF DIVERTICULOSIS WITH SUSPECTED DIVERTICULITIS.

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; Looking for blood clot, History of blood clots. superficial thrombophlebitis in the abdomen

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; none

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; pain

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; pain for 2 months for several hours, GYN negative

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 complains of abdominal pain in the RLQ, pain started 10-28-2015. Patient has presented today with same symptoms without any relief. The area is tender to touch, pain radiated and is positional.

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 feels swollen inside & Malaise and fatigue

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 family history of Adrenal cancer and has concerns that she might have this

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 had diarrhea, abdominal pain and low grade fever for three months

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 previously had a lump removed from her stomach and it is now hurting at scar site.

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 recurrent abdominal pain, changes in bowel habits.

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 UNEXPLAIN LOWER ABDOMINAL PAIN AND HAD ULTRASOUND DONE BUT NOTHING FOUND.

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 having pain and tenderness ruq at burney's point

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 is diabetic and in pain for 3 months and getting worse

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 is experiencing abdominal pain and change in bowel habits. Patient is also type 2 diabetic.

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 is experiencing abdominal pain and is also reporting nausea, we are wanting to rule out diverticulitis. In office tenderness upon palpation was noted.

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 is having left lower quadrant pain. She states having felt a golf ball size mass in her left side but it has since gone away.

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 is having severe abdominal pain for 6 weeks. Includes a lot of gas.

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 is suprapubic pain, urinary frequency, urinary urgency, urinary leaking, and low back pain.

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; Persistent gastric pain and burning, difficulty swelling, some weight loss, r/o diverticulitis

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; Possible Hernia.; Pain for 3 weeks.; Periumbilical abdominal pain.

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 ABD pain, with rebound tenderness, pain at Mcburney's point with nausea/vomiting.

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; r/o a bowel obstruction

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; right sided abdominal pain

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; right sided abdominal pain, especially with lifting. Need to rule out Hernia

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; RLQ ABD PAIN.; MENOPAUSAL SINCE DEC 2014.; STILL HAS APPENDIX

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; She will need an EGD to further evaluate her right upper quadrant tenderness, although doctor suspects she has some adhesions causing her discomfort.

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; suspected diverticulitis

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; This patient came in today as a new patient. Sharon's chief complaint was that she was constipated with a history of adhesion that had blocked her colon. She was also complaining of abdomen pain. Also, her bowel movements have been normal.

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; unexplained abdominal pain

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; Will fax

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

Radiology Services Denied Not Medically Necessary

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 >

Radiology Services Denied Not Medically Necessary

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; abdominal distension, splenomegaly palpitated by physician on exam

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

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.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor;

Radiology Services Denied Not Medically Necessary

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 is having increasing pain in the lower abdomen hurting into the left lower back. Pt has tenderness on palpation.

Radiology Services Denied Not Medically Necessary

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 been a recent previous abdominal and or pelvis CT scan.; This would be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.; low density area of the tail of the pancreas found in 2011

Radiology Services Denied Not Medically Necessary

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;

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. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.

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 has had 2 siblings die from pancreatic cancer this year and it was recommended that she be screened with mri

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a request for CT Colonoscopy for screening purposes only.

Radiology Services Denied Not Medically Necessary

; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

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.

Radiology Services Denied Not Medically Necessary

multiple bilat mass  dense breast tissue; 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.

This is a request for a Bone Density Study.; This patient had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is not a repeat study due to a change in treatment or a change in symptoms of osteoporosis.

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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/9/2015; It is not known if there has been any treatment or conservative therapy.; chest pain and radioing to left should, left arm and right jaw, nausea and shortness of breathe and dizziness for about 15 minutes, had before ; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; The patient is not diabetic.; The patient is less than 45 years old.; 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).

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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

blood pressure issues  medication was given; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Radiology Services Denied Not Medically Necessary

chest pain on exertion; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Radiology Services Denied Not Medically Necessary

chest pain with shortness of breath and diaphoresis. c/o cough, pain is pleuritic. Relieved by rest or with nitroglycerin.; 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

Radiology Services Denied Not Medically Necessary

chest pain x's two weeks. ekg shows a right bundle branch block. needs stress test for further evaluation; 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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

Chest Pain, shortness of breath , 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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

chest pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

COPD and HTN. She has occasional spells of chest pressure and pain, they are so bad that she gets SOB. She can usually eat a spoonful of mustard and it will help. She works as a house keeper and does not have the pain with exertion of cleaning. At times s; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

dizzy spell and fell; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Radiology Services Denied Not Medically Necessary

Patient has been in the hospital previously for chest pain and shortness of breath.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

Patient is having precordial, atypical chest pain, with pain noted in left arm.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

Patient was hospitalized for blood clots, having achy pain in left arm that radiates to neck.; 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

Radiology Services Denied Not Medically Necessary

Pt reports chest tightness on and off for the past couple of weeks. Sometimes she gets short of breath with minimal exertion. Fam hx of CAD in both grandfathers, mother has HTN. She is fatigued and under increased stress at work. Wakes up with her heart r; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Radiology Services Denied Not Medically Necessary

shortness of breath episodes that last 20-30 minutes; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

The patient comes in for followup. She feels like her throat is closing up. She states it is almost like a pain that grabs her throat. She has had this at rest after stress. She also had it during walking one time. She denies any specific chest pain but t; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

unknown; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient 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.

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.

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.

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.

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/9/2015; It is not known if there has been any treatment or conservative therapy.; chest pain and radioing to left should, left arm and right jaw, nausea and shortness of breathe and dizziness for about 15 minutes, had before

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.; 06/072015; It is not known if there has been any treatment or conservative therapy.; dizziness/headache/ low BP/ fatigue unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/19/2015; There has been treatment or conservative therapy.; Chronic chest pain. Abnormal EKG. Palpatations.; EKG.Hydrocoton. Nuerotin Norvask Trimadol.

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 (S8032); No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.

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 (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is 54 years old or younger.

Radiology Services Denied Not Medically Necessary

Current smoker, 30 pack years smoking history; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is 54 years old or younger.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

n.a; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; It is unknown if this patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.

Radiology Services Denied Not Medically Necessary

She continues to complain of nausea, vomiting, diarrhea and RUQ pain for 3 months. She has noted these symptoms to be worse with fried or greasy foods. We did order labs and an Abdominal US recently that were within normal limits.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

had seizure and fell 11/14/15, blurred vision on the left eye ever since the fall; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

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.

possible bulging disc; 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.; severe djd, numbness and tingling down the arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.

This is a request for cervical 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.

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

Rebound. expecting 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 performed.; The results of the exam were abnormal.

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.; NONE

Radiology Services Denied Not Medically Necessary

looking for possible 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.; 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.

S: Ms. Jesse is a 51 y/o female who has stage IIIC high grade serous of the ovary s/p 6 cycles of dose dense paclitaxel with carboplatin. She had a scan after completion of chemotherapy which showed residual disease, but decrease in size of pelvic mass. D; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

"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.

assessment prior to chemotherapy to see if treatment needs to be changed or stay the same.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Diagnosis: carcinosarcoma; Stage: stage IVB (lung mets) ; Surgeon: Dr Zorn ; Treatment: neoadjuvant carbo/taxol x 6 cycles with good response of lung lesions on PET scan, followed by debulking surgery (TAH/BSO/omentectomy/LOA/cystoscopy) on 3/12/15 and ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Diagnosis: SCC of the cervix  Stage: IIB Surgeon: Dr. P. Moore (OSH)  Treatment: robotic hyst/BSO at OSH/chemoradiation completed 9/2014, carbo/taxol and avastin for 6 cycles for recurrence Complications: Recurrence   HPI   Ms. Smith is a 46 y; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist. This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

assessment prior to chemotherapy to see if treatment needs to be changed or stay the same.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Diagnosis: carcinosarcoma Stage: stage IVB (lung mets)  Surgeon: Dr Zorn  Treatment: neoadjuvant carbo/taxol x 6 cycles with good response of lung lesions on PET scan, followed by debulking surgery (TAH/BSO/omentectomy/LOA/cystoscopy) on 3/12/15 and ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Diagnosis: SCC of the cervix  Stage: IIB Surgeon: Dr. P. Moore (OSH)  Treatment: robotic hyst/BSO at OSH/chemoradiation completed 9/2014, carbo/taxol and avastin for 6 cycles for recurrence Complications: Recurrence   HPI   Ms. Smith is a 46 y; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

S: Ms. Jesse is a 51 y/o female who has stage IIIC high grade serous of the ovary s/p 6 cycles of dose dense paclitaxel with carboplatin. She had a scan after completion of chemotherapy which showed residual disease, but decrease in size of pelvic mass. D; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This is a request for an abdomen-pelvis CT combination.; 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.

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

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; post-op care

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

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 R/O metastases

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 abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.

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 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 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.

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 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 a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Enter answer here - or Type In UnknEvidence of disease, progression by CT PET 05/08/2015 own If No Info Given.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

Enter answer here - or Type In UnknReturn for imaging:   Ct brain and CT/PET for restaging of breast cancer wn If No Info Given.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected. Evaluation of patient with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with stage IV Breast 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

has station 7 lymph node , test Is for staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Initial staging of patient newly diagnosed with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Procedure is needed for clinical trial. There is a 28 day window for results to be valid. Needing to get patient started on treatment ASAP.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

See Attachment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as 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.

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.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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."; The study is requested for headache.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

mouth pain, tube is swollen and discolored; "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.

This study is being ordered for a known or suspected tumor.; This is a request for a Sinus 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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 metastatic disease.; There are 4 exams are being ordered.

1) LYMPHADENOPATHY- Mr. Beckham is a middle aged gentleman who presented with syncopal episode. During work up, he was found to have HILAR AND MEDIASTINAL ADENOPATHY. His CT scan chest (6/11/13 @ WRMC) showed BILATERAL HILAR AND MEDIASTINAL LYMPHADENOPATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/11/2013; There has not been any treatment or conservative therapy.; His repeat CT N/C/A/P (8/28/14) showed STABLE minimally prominent cervical nodes-felt to be reactive, STABLE prominent mediastinal and hilar nodes previously seen, slightly prominent retroperitoneal nodes-STABLE since 7/10/13.

f/u; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months. faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing recs.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Follow up scans to evaluate response to current treatment and see if changes are needed.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Imaging PET-CT tumor skull thigh / head and neck: 9/22/15
IMPRESSION:  1. THERE IS NO FOCAL METABOLICALLY ACTIVE LESIONS SEEN IN THE HEAD AND  NECK AREA.  2. NO DEFINITE FOCAL METABOLICALLY ACTIVE ADENOPATHY SEEN IN THE CHEST  ABDOMEN PELVIS WIT; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

INITIAL STAGING; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Known Stage IV lung cancer, scans to evaluate disease response to current treatment.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Procedure is needed for clinical trial. There is a 28 day window for results to be valid. Needing to get patient started on treatment ASAP.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

pt is currently having chemo they are doing treatment.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Restaging after radiation; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Restaging Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging of the chemotherapy.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.

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.

This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.

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.; It is unknown if this is being ordered by an ENT specialist.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

will fax records; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

A patient with therapy-related MDS. He was diagnosed with multiple myeloma in May 2014, complex karyotype, MS molecular subtype. He was treated as per Total Therapy 5 protocol, however, no response after induction chemotherapy. Subsequently, he received; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months. 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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Will fax; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Will Fax; It is not known if there has been any treatment or conservative therapy.; Will FAX

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/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.; < 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 >

; This request is for 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).

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

2mm cut mri brain for SRS protocol.; 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.

checking for tumor. Recently diagnosed with non small cell metastatic lung cancer. Further staging to check for METS to 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.

Evaluation of patient with Cervical Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

evaluation of patient with lung cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Evaluation of patient with stage IV 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with stage IV Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

follow up glioblastoma malformation has surgery 2012; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.

Follow up; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Initial staging of patient newly diagnosed with Gastric Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Known small cell carcinoma with mental status change. Ruling out brain 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; The condition is not associated with headache, blurred or 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.

Metastatic cancer to brain - Primary  -Pt likely has too many IC lesions to tx w/ GK radiosurgery. She will most likely require WBRT, but repeat MR imaging could be performed in 6 weeks to reassess for progression prior to committing to radiation treatm; 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.

MRI Brain to complete staging of metastatic pulmonary adenocarcinoma.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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. newly diagnosed colon cancer, scans to complete initial staging workup.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

None; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Patient has a CA 27-29 of 65.7. Pain and new lesions in bone and lung suspicious for metastatic disease.; 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.

Patient has Neuroendocrin carcinoma metastatic to bone and thoracic spine 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.; 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).

PET impression performed on 9/22/2015: 1. THERE IS NO FOCAL METABOLICALLY ACTIVE LESIONS SEEN IN THE HEAD AND NECK AREA.; 2. NO DEFINITE FOCAL METABOLICALLY ACTIVE ADENOPATHY SEEN IN THE CHEST; ABDOMEN PELVIS WITH RESOLUTION OF THE ACTIVITY SEEN PREVIO; 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.

pt has pulmonary nodule.; 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.

Pt with primary breast cancer and brain mets with new onset of headache.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

Pt. has non small cell lung cancer stage 4, secondary bone and brain cancer and having cycle 6 of her CHEMO today.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

response to treatment. Patient had SRS for brain tumor and is continuing on the tamoxifen; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Scans to evaluate disease response to treatment and to see if known brain mets are needing radiation.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

See attachment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Stage IV lung cancer with brain mets. Completed radiation to the brain late 08/2015. Currently on chemotherapy treatment. Tests are to evaluate disease response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is 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 presenting 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 headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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

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.

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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

will fax records; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

will fax recs.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Will fax; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Will Fax; It is not known if there has been any treatment or conservative therapy.; Will FAX

"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.

< Enter answer here - or Type In Unknown If No Info Given. > 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.; < Enter date of initial onset here - or Type In Unknown If No Info Given > unknown; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given > Always feels tired . Dizzy spells. low abdominal pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given > CT of chest was given

< 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.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; It is unknown if other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 09/17/2015; There has not been any treatment or conservative therapy.; Pt is having abdominal pain and discomfort. Dr will be using procedure to stage cancer.

; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

; 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; faxing rec; There has not been any treatment or conservative therapy.; RUQ abdominal pain, liver lesion, & ground glass attenuation & 1cm hilar lymph node

1) LYMPHADENOPATHY- Mr. Beckham is a middle aged gentleman who presented with syncopal episode. During work up, he was found to have HILAR AND MEDIASTINAL ADENOPATHY. His CT scan chest (6/11/13 @ WRMC) showed BILATERAL HILAR AND MEDIASTINAL LYMPHADENOPATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/11/2013; There has not been any treatment or conservative therapy.; His repeat CT N/C/A/P (8/28/14) showed STABLE minimally prominent cervical nodes-felt to be reactive, STABLE prominent mediastinal and hilar nodes previously seen, slightly prominent retroperitoneal nodes-STABLE since 7/10/13.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.
A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

A f/u PET scan on 9/18/15 showed several retroperitoneal lymph nodes measuring up to 1.2cm so he subsequently had a robotic bilateral non nerve sparing retroperitoneal lymph node dissection on 10/19/15. Final pathology for his lymph node dissection sh; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Abnormal liver function and elevated tumor markers; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

check for recurrence of cancer; 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.

CLL: THE WHITE COUNT APPEARS TO BE INCREASING OVER THE PAST FEW MONTHS. DR. WANTING CT SCANS FOR 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Doctor is wanting new baseline scans since previous scans were done 6 weeks ago.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Enter answer here - or Type ICT scan of chest with contrast at Baptist NLR for current smoker over 30pack per year, leukocytosis, erythrocytosis, Hep C and elevated liver function prior to return exam visit in 2 weeks. (need Monday appt for CT scan due to; 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.

Enter answer here - or Type In Unknown If No Info Given; restaging ct scan for patient with known follicular lymphoma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evalaution of patient with abnormal lung finds.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluate her response to treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Barrett's Esophagus.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Bladder Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Breast Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with cancer of the large intestine.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Cervical Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Cervical Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Coagulopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2014; There has been treatment or conservative therapy.; Evaluation of patient with Coagulopathy.; Coumadin

Evaluation of patient with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with groundglass opacity.; "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.

Evaluation of patient with Kidney Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

evaluation of patient with lung cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with lung nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

evaluation of patient with lung nodules; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Evaluation of patient with Melanoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Melanoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Melanoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Rectal Cancer with Liver Mets.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with SPN.; "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.

Evaluation of patient with stage IV Breast 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with stage IV 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Stage IV Kidney Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with stage IV 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

evaluation of patient with thyroid cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

evaluation of pt with Malignant neoplasm of overlapping sites of corpus uteri; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

evaluation of pt with Malignant neoplasm of rectosigmoid junction, above perineal reflection; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

f/u; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing rec.; "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.

faxing rec.; "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.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

faxing records; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing records; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

follow up after chemo and radiation therapy for rectal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Follow up chemo therapy treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

follow up ct. bone metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Follow up of pulmonary nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Follow up scans to evaluate disease response to current 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Follow up scans to evaluate disease, worried there might be progression.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Follow up scans to evaluate response to current treatment and see if changes are needed.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Follow up scans to evaluate response to current 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Follow up; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Following up on known PE from several months ago to ensure no other problems.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Grade 3 chemo therapy on weekly carbo and taxol x12 cycles, had radiation, wanting to do another CT to check if lung lesion had decrease in size and document stability; 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.

Having recurrent leukocytosis, anemia, and thrombocytosis.; This study is 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 09/2015; There has not been any treatment or conservative therapy.; Night sweats, weight loss, shortness of breath on exertion.

Imaging; PET-CT tumor skull thigh / head and neck: 9/22/15; IMPRESSION: 1. THERE IS NO FOCAL METABOLICALLY ACTIVE LESIONS SEEN IN THE HEAD AND NECK AREA. 2. NO DEFINITE FOCAL METABOLICALLY ACTIVE ADENOPATHY SEEN IN THE CHEST ABDOMEN PELVIS WIT; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Initial staging of patient newly diagnosed with Breast Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Initial staging of patient newly diagnosed with Endometrial Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

INITIAL STAGING; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Interval worsening of somewhat nodular interstitial opacity in the right upper lung as well as scarring/airspace opacity in the right lower lung which is pleural; "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.

just completed treatment this is a 3 month follow up patient is complaining of pain fever dizziness cough vomiting; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Known Hodgkin's lymphoma originating in the chest area. Patient complaining of chest pain that is similar to when she was initially diagnosed. CT to evaluate 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.

Known Stage IV lung cancer, scans to evaluate disease response to current treatment.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

MEMBER IS A SMOKER WITH A CONSTANCE COUGH ABDOMIAL WEIGHT LOSS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

METASTATIC ANDROGEN SENSITIVE PROSTATE CA: HE HAS BEEN ON ANDROGEN BLOCKADE. TAKE HAS TAKE 3 TREATMENTS OF TAXOTERE. PSA HAS GONE UP DESPITE THERAPY. DR. WANTING CT SCANS TO EVALUATE DISEASE.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Mr. Estes is a 65 year old male with pT3N2M0 Stage IIB pure seminoma of the left testicle status post inguinal orchiectomy. He received 2 cycle of cisplatin and etoposide both of which were complicated with two relatively prolonged hospitalizations. In bo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

MRI 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Newly diagnosed cancer of the cecum. CT Chest was not done previously, needing one to complete initial workup.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

None.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

On 10/2 pt had a biopsy confirmed evasive carcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient has completed 3 of 6 cycles of chemo. Restaging needed to evaluate response to 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

patient when to the ER and had ct chest; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2/2015; There has not been any treatment or conservative therapy.; contipation, pain when breathing,

Patient with known Rectal Cancer, scan to evaluate 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.

Patient with newly diagnosed colon cancer. Doctor is wanting diagnostic CTs for baseline purposes so treatment response can be measured in the future. PET was done to rule out distant mets.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Patient's cancer progressed on last CT Scan performed. He was started on a new chemo regimen and treatment needs to be evaluated.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

persistent leukocytosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/28/15; There has not been any treatment or conservative therapy.; low white blood count leukocytosis back pain

PNEUMONIA/ELEVATED CRP DESPITE ANTIBIOTIC 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Previous CT showing splenomegaly, lymphadenopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Portohepatic lymph node swelling in past. CT to check to see if abdominal lymphadenopathy is worsening or improving.; There has not been any treatment or conservative therapy.;

Procedure is needed for clinical trial. There is a 28 day window for results to be valid. Needing to get patient started on treatment ASAP.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Pt had a previous CT and 3 lung nodules were found ranging in size from 4 to 7mm. Dr wants to follow up to see if size has changed.; "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.

pt has a pulmonary nodule that MDO is following up on; 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.

pt is currently having chemo they are doing treatment.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. response to treatment. Patient had SRS for brain tumor and is continuing on the tamoxifen; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging after radiation; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

restaging in a patient with known lung cancer with liver metastasis. last scans were 8-20-15; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

restaging in a patient with known lung cancer, c/o cough and chest pain. patient has been taking 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

restaging in a patient with unknown primary cancer. Basically nonsymptomatic. patient has been taking chemotherapy. This is to assess status of current disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.
Restaging Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging of the chemotherapy.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging prior to resection of liver mets. Late chemo given on 10/5/2015.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

restaging. Last Pet CT scans were done 9-18-2015. patient c/o weakness and fatigue, nausea, vomiting, dysphagia.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Rising in CA 19-9 increasing. Suspected of DZ progression; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Scans to evaluate disease response to current treatment regimen.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Scans to evaluate disease response to treatment and to see if known brain mets are needing radiation.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

staging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

surveillance. Patient has a gene mutation that puts her at risk for further cancer.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has history of 2 cancers, breast cancer in 4/2006 and ovarian cancer in 2009; There has been treatment or conservative therapy.; fatigue.; surgery and chemotherapy for both cancers.

The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.

The Pt had a chest ct in Jan 2015 that showed a chest mass.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

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."; "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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

will fax rec.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; faxing rec; There has not been any treatment or conservative therapy.; weight loss

will fax rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

will fax rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

will fax records; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

will fax records; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is physical evidence of re-bleed or re-stenosis.; Yes, this is a request for a Chest CT Angiography.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

A patient with therapy-related MDS. He was diagnosed with multiple myeloma in May 2014, complex karyotype, MS molecular subtype. He was treated as per Total Therapy 5 protocol, however, no response after induction chemotherapy. Subsequently, he received; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Heterozygous hemochromatosis with H63D mutation. TIBC=260.0 on 10/19/15.; This study is 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 late 2014.; There has not been any treatment or conservative therapy.; unknown

Restaging Multiple Myeloma after 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

RESTAGING NEEDED PRIOR TO STEM CELL TRANSPLANT.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

This study is being ordered for a known tumor.; This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; The patient is not undergoing active treatment for cancer.; This is a request for a chest MRI.; This is a request for a chest MRI.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Enter answer here - or Type In UnToni has multiple myeloma. She has not had a bone marrow. She had diffuse bony disease involving predominately the spine. She started out with a lambda light chain quantitative in the 5500 range that dates back to March ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Follow up; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

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LESION MEASURING 4.4 CM CENTERED AT THE RIGHT T10. Initial Staging 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

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RESTAGING FOR MM RELAPSE; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging Multiple Myeloma after Chemotherapy.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

restaging prior to stem cell transplant/post chemo; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The last spine MRI was performed more than 6 months ago.; Known Tumor with or without metastasis

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

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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LESION MEASURING 4.4 CM CENTERED AT THE RIGHT T10.; Initial Staging 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

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RESTAGING AFTER CHEMO. RULE OUT RECURRENCE OF 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

RESTAGING FOR MM RELAPSE; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging Multiple Myeloma after Chemotherapy.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

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RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Unknown

The patient is not presenting new symptoms.; It is not known if the study is for follow up or staging.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.

The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.

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.

This is a request for a thoracic spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; Evaluation of patient with bone lesions.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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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.

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; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

CANCER PT WITH INCREASING LUMBAR PAIN. LOOKING FOR METS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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evaluate low back pain for possible metastatic cancer; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

faxing records; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

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leg weakness;; 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

LESION MEASURING 4.4 CM CENTERED AT THE RIGHT T10. Initial Staging 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

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RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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

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

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
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has Neurological deficit(s)

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see attached; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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< 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.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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Enter answer here - or Type In UnToni has multiple myeloma. She has not had a bone marrow. She had diffuse bony disease involving predominately the spine. She started out with a lambda light chain quantitative in the 5500 range that dates back to March ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Heterozygous hemochromatosis with H63D mutation. TIBC=260.0 on 10/19/15.; This study is 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 late 2014.; There has not been any treatment or conservative therapy.; unknown

Restaging Multiple Myeloma after Chemotherapy.; 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.

Restaging Multiple Myeloma after 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

RESTAGING NEEDED PRIOR TO STEM CELL TRANSPLANT.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Restaging Multiple Myeloma after 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

will fax records; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

; This study is being ordered for trauma or injury.; 08/11/2015; There has been treatment or conservative therapy.; PT IS HAVING CONSTANT ACHING, BURNING,TINGLING PAIN, DECREASED ROM, AND UNABLE TO MOVE ARMS ABOVE HEAD. PAIN IS AGGRAVATED WITH MOVING IN A SWEEPING MOTION, THE PAIN RADIATES TO THE ARMS AND FINGERS; PT HAS DONE PHYSICAL THERAPY, ALSO HOME THERAPY, PT HAS ALSO USED HEATING PAD AND ICE AND REST, ALSO OTC MEDS AND PRESCRIBED MEDS

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.

The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; The patient has had a recent bone scan.; The bone scan was not normal.; The patient has not had recent plain films of the shoulder.; < Enter answer here - or Type In Unknown If No Info Given. >

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.

The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Patient has had pain and swelling in her left knee for 1 mo. She completed a course of steroids and antibiotics and it is still inflamed and painful. the patient has ttp 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.; 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.

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."

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

< 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

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

CT-Abdomen w/wo contrast with Adrenal Protocol for increase mass on previous CT.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; Yes, this is a repeat of a CT of the abdomen within 6 weeks.

Evaluation of 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

f/u; 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.
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.

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.

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.
This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; It is unknown if other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 09/17/2015; There has not been any treatment or conservative therapy.; Pt is having abdominal pain and discomfort. Dr will be using procedure to stage cancer.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; faxing rec; There has not been any treatment or conservative therapy.; RUQ abdominal pain, liver lesion, & ground glass attenuation & 1cm hilar lymph node

1) LYMPHADENOPATHY- Mr. Beckham is a middle aged gentleman who presented with syncopal episode. During work up, he was found to have HILAR AND MEDIASTINAL ADENOPATHY. His CT scan chest (6/11/13 @ WRMC) showed BILATERAL HILAR AND MEDIASTINAL LYMPHADENOPATHY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/11/2013; There has not been any treatment or conservative therapy.; His repeat CT N/C/A/P (8/28/14) showed STABLE minimally prominent cervical nodes-felt to be reactive, STABLE prominent mediastinal and hilar nodes previously seen, slightly prominent retroperitoneal nodes-STABLE since 7/10/13.

A f/u PET scan on 9/18/15 showed several retroperitoneal lymph nodes measuring up to 1.2cm so he subsequently had a robotic bilateral non nerve sparing retroperitoneal lymph node dissection on 10/19/15.; Final pathology for his lymph node dissection sh; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Abnormal liver function and elevated tumor markers; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

CLL: THE WHITE COUNT APPEARS TO BE INCREASING OVER THE PAST FEW MONTHS. DR. WANTING CT SCANS FOR 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Doctor is wanting new baseline scans since previous scans were done 6 weeks ago.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

enlarged lymph nodes; 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.

Enter answer here - or Type In Unknown If No Info Given; restaging ct scan for patient with known follicular lymphoma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

eval of pt with liver cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluate her response to treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Barrett's Esophagus.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Breast Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with cancer of the large intestine.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Cervical Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Coagulopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2014; There has been treatment or conservative therapy.; Evaluation of patient with Coagulopathy.; Coumadin

Evaluation of patient with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Kidney Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

evaluation of patient with lung cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Melanoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Melanoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Rectal Cancer with Liver Mets.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with stage IV Breast 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with stage IV 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Stage IV Kidney Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with stage IV 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

evaluation of patient with thyroid cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

evaluation of pt with Malignant neoplasm of overlapping sites of corpus uteri; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

evaluation of pt with Malignant neoplasm of rectosigmoid junction, above perineal reflection; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing rec; 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.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing records; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

follow up after chemo and radiation therapy for rectal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Follow up chemo therapy treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

follow up ct. bone metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Follow up scans to evaluate disease response to current 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Follow up scans to evaluate response to current treatment and see if changes are needed.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Follow up scans to evaluate response to current 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Follow up; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Having recurrent leukocytosis, anemia, and thrombocytosis.; This study is 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 09/2015; There has not been any treatment or conservative therapy.; Night sweats, weight loss, shortness of breath on exertion.

Initial staging of patient newly diagnosed with Endometrial Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

INITIAL STAGING; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

just completed treatment this is a 3 month follow up patient is complaining of pain fever dizziness cough vomiting; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Known Stage IV lung cancer, scans to evaluate disease response to current treatment.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

METASTATIC ANDROGEN SENSITIVE PROSTATE CA: HE HAS BEEN ON ANDROGEN BLOCKADE. TAKE HAS TAKE 3 TREATMENTS OF TAXOTERE. PSA HAS GONE UP DESPITE THERAPY. DR. WANTING CT SCANS TO EVALUATE DISEASE.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Mr. Estes is a 65 year old male with pT3N2M0 Stage IIB pure seminoma of the left testicle status post inguinal orchiectomy. He received 2 cycle of cisplatin and etoposide both of which were complicated with two relatively prolonged hospitalizations. In bo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months. MRI 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

None.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

On 10/2 pt had a biopsy confirmed evasive carcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient has completed 3 of 6 cycles of chemo. Restaging needed to evaluate response to 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.
patient when to the ER and had ct chest; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;
10/2/2015; There has not been any treatment or conservative therapy.; contipation, pain when breathing,

Patient with newly diagnosed colon cancer. Doctor is wanting diagnostic CTs for baseline purposes so treatment response can be measured in the future. PET was done to rule out distant mets.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Patient's cancer progressed on last CT Scan performed. He was started on a new chemo regimen and treatment needs to be evaluated.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

persistent leukocytosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/28/15; There has not been any treatment or conservative therapy.; low white blood count leukocytosis back pain

PNEUMONIA/ELEVATED CRP DESPITE ANTIBIOTIC 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Previous CT showing splenomegaly, lymphadenopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Portohepatic lymph node swelling in past. CT to check to see if abdominal lymphadenopathy is worsening or improving.; There has not been any treatment or conservative therapy.;

pt has completed a round of chemotherapy and needs ct for restaging of rectal 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.

pt is currently having chemo they are doing treatment.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. response to treatment. Patient had SRS for brain tumor and is continuing on the tamoxifen; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

restaging in a patient with known lung cancer with liver metastasis. last scans were 8-20-15; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

restaging in a patient with known lung cancer, c/o cough and chest pain. patient has been taking 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

restaging in a patient with unknown primary cancer. Basically nonsymptomatic. patient has been taking chemotherapy. This is to assess status of current disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Restaging Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging of the chemotherapy.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging prior to resection of liver mets. Late chemo given on 10/5/2015.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

restaging. Last Pet CT scans were done 9-18-2015. patient c/o weakness and fatigue, nausea, vomiting, dysphagia.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Rising in CA 19-9 increasing. Suspected of DZ progression; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Scans to evaluate disease response to current treatment regimen.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Scans to evaluate disease response to treatment and to see if known brain mets are needing radiation.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

staging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

surveillance. Patient has a gene mutation that puts her at risk for further cancer.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has history of 2 cancers, breast cancer in 4/2006 and ovarian cancer in 2009; There has been treatment or conservative therapy.; fatigue.; surgery and chemotherapy for both cancers.

This is a request for an abdomen-pelvis 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.

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.

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.

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.

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

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;

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; Abd pain, acute abd x-ray indicates possible obstruction, and diarrhea.

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; Evaluation of patient with abdominal pain.

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; LEUKOCYTOSIS: THIS APPEARS TO BE CHRONIC. HE DOES HAVE SYMPTOMS OF DEEP BONE PAIN WHICH IS CONCERNING. HE ALSO HAS PERSISTENT RT UPPER QUADRANT PAIN. NEED CT SCAN TO EVALUATE THE PERSISTENT RT UPPER QUADRANT PAIN WHICH RADIATES BETWEEN THE SCAPULA.

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

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

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; faxing rec

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 R/O metastases

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 R/O metastases

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 not known if there is an 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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Diffused large b-cell lymphoma, complete remission. last chemo 7/24/13. Last abd/pel Ct 7/31/13. this is for follow up.

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 been a recent previous abdominal and or pelvis CT scan.; This would not be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

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 abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

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 a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases

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 an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Doctor is trying to determine if previous course of treatment had any effect

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Follow up scan to evaluate disease, last chemo treatment 08/2015. Checking to see if more treatment is needed.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Lung cancer restaging after 6 cycles of chemotherapy.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Patient establishing care for known carcinoid tumor and scans are needed to establish new baseline.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Patient with known Stage III lung cancer. Scan for follow up to monitor disease.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

will fax rec.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; faxing rec; There has not been any treatment or conservative therapy.; weight loss

will fax rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

will fax records; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Evaluation of patient with bone cancer and hepatic mass and SPN.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Heterozygous hemochromatosis with H63D mutation. TIBC=260.0 on 10/19/15.; This study is 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 late 2014.; There has not been any treatment or conservative therapy.; unknown

This request is for an Abdomen MRI.; This study is being ordered for follow-up trauma.; The ordering physician is not a gastroenterologist or surgeon.; There are no laboratory or physical evidence of an intra-abdominal bleed.; It is unknown if there are physical or abnormal blood work consistent with peritonitis or abdominal abscess.; < Enter answer here - or Type In Unknown If No Info Given. >

This request is for an Abdomen MRI.; This study is being ordered for Known 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."; under went ablation on June 17 2015 mri needed to evaluate poor response

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.";

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."; Evaluation of patient with Angiosarcoma.

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."; follow up liver cancer

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."; Last chemotherapy was 8/2015, now experiencing abdominal pain

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."; Severe diarrhea and abdominal pain and swelling;suspected metastatic disease

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."; Evaluation of patient with Liver Cancer.

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."; Pt had last chemo tx and will have the MRI to evaluate for tumor restion of the liver or see if additional chemo is needed.

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."; unknown

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.";

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."; unknown

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";

This 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. >

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 3.5 CM IRREGUGULAR MASS FOUND ON CT

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 Ultrasound

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Evaluation of splenomegaly, follow up after abnormal findings on prior imaging.

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."; LFT results as of 11/9/15; Total Bilirubin 9.1; Alk Phos 1442; AST 393; ALT 601; LD 308

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.";

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."; Follow up scan to evaluate/monitor known hepatic adenoma and liver lesion.

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."; Known stage IV colon cancer with known liver mets. Recent PET shows possible slight progression of mets, MRI to get a better picture of liver.

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

This is a request for a heart or cardiac MRI

Yes, this is a request for CT Angiography of the abdominal arteries.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >; ; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Ovarian Cancer with new breast pain.; 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.

Newly diagnosed breast cancer 11/6/15. Missed by first mamogram.; 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 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.

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.

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.

This patient had MRI guided biopsies for areas not targetable by u/s. Due to the previous MRI that dictated a complicated exam due to the extensive fibrocystic changes throughout the breast, they recommend a 1yr follow up MRI.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

A patient with therapy-related MDS. He was diagnosed with multiple myeloma in May 2014, complex karyotype, MS molecular subtype. He was treated per Total Therapy 5 protocol, however, no response after induction chemotherapy. Subsequently, he received; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

PT IS COMING FOR RESTAGING AFTER CHEMO TO BE FOLLOWED BY HIS FIRST TRANSPLANT; This is a request for an MRI Bone Marrow.

restaging multiple myeloma after chemo therapy; This is a request for an MRI Bone Marrow.

Restaging Multiple Myeloma after 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

RESTAGING NEEDED PRIOR TO STEM CELL TRANSPLANT.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

for initial staging of cancer and to evaluate the heart before chemo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Pathology results reveal diffuse large B cell lymphoma and will require treatment to include chemotherapy. Pet is required to see if she has local versus extensive disease as well as check Hepatitis panels. MUGA scan is required ASAP in preparation for ch; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Patient completed radiation therapy on 9/25/2015. PET is needed for restaging prior to start of chemo. MUGA is needed for baseline evaluation prior to start of chemo. Neither procedure has been performed yet.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. See Attachment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

staging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.; Patient is currently on chemotherapy with new symptoms of shortness of breath.

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.; patient is symptomatic

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.; Evaluation of heart to prepare for chemotherapy

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; It is not known if the patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; STAGE 11A ER/PR POSITIVE, HER2 POSITIVE BREAST CA. COMPLETED HERCEPTIN ON 11/24/15. DR. WANTING MUGA SCAN AFTER COMPLETION OF HERCEPTIN.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;

This 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.; Muga scan ordered to check ejection fraction of heart during chemotherapy

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Patient has completed Radiation and is continuing with Herceptin, a known cardiotoxic drug

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Patient is getting R-EPOCH and needs to make sure that post C5 prior to C6 patient can tolerate another round. this is according to protocol post stem cell collection for transplant

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 AFTER CHEMOTHERAPY

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.;

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.; Newly diagnosed breast cancer, with the intent of starting chemotherapy

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.; Restaging Lymphoma

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.; unknown

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.;

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.; Enter answer here - or Type In Unknown If No Info GiLAST LAST MUGA WAS ON 7/6/.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; Patient is taking Herceptin IV Q 3 Weeks along with Arimidex. Surveillance

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.;

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 needed prior to start of chemo.

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.; Malignant lymphoma diffuse large b cell type in right ureter. Chemotherapy treatment plan CHOP + R beginning 12/29/2015.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Patient is HER2+. MUGA is needed before we start her on Kadcylla for her Breast cancer.

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.; unknown

This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; It is not known if the patient is presenting new cardiac signs or symptoms.; Has Metastatic breast cancer, currently on therapy. Would like to restart pertuzumab and trastuzumab on 12/1/15. Has hypertension. Wants MUGA before 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

evaluation of pt with dementia.; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

eval of pt with liver cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

evaluation of patient with lung cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

newly diagnosed colon cancer, scans to complete initial staging workup.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Stage IV lung cancer with brain mets. Completed radiation to the brain late 08/2015. Currently on chemotherapy treatment. Tests are to evaluate disease response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is 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 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 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.; This would be the first PET Scan performed on this patient for this cancer.

This is a request for a 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 a request for a 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 a request for a 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 a request for a 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 a request for a 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.

This is 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 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with abd pain and abd 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.; Evaluation of patient with abd pain and abd mass.; There has not been any treatment or conservative therapy.; Evaluation of patient with abd pain and abd mass.

Evaluation of patient with Bladder Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with bone cancer and hepatic mass and SPN.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Breast Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Cervical Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Cervical Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with CLL/SLL.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Head and Neck Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Lung Cancer with Bone Mets.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Lymphoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Melanoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Melanoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Rectal Cancer with Liver Mets.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Evaluation of patient with stage IV Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

evaluation of pt with Malignant neoplasm of rectosigmoid junction, above perineal reflection; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing recs.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

has station 7 lymph node , test Is for staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Initial staging of patient newly diagnosed with Breast Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Initial staging of patient newly diagnosed with Endometrial Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Initial staging of patient newly diagnosed with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Initial staging of patient newly diagnosed with Gastric Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Pathology results reveal diffuse large B cell lymphoma and will require treatment to include chemotherapy. Pet is required to see if she has local versus extensive disease as well as check Hepatitis panels. MUGA scan is required ASAP in preparation for ch; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Patient completed radiation therapy on 9/25/2015. PET is needed for restaging prior to start of chemo. MUGA is needed for baseline evaluation prior to start of chemo. Neither procedure has been performed yet.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Pt. has non small cell lung cancer stage 4, secondary bone and brain cancer and having cycle 6 of her CHEMO today.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

See attachment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Staging for CA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.

This is 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 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 a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lymphoma or Myeloma.

This is 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 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 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 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.; 2 PET Scans have already been performed on this patient for this cancer.

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 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 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 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 Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.

This is a request for a 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 a request for a 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 a request for a 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 a request for a 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 a request for a 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 a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.

This is a request for a 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 a request for a 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 a request for a 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 a request for a 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 a request for a 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 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 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 a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.

This is 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 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 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 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 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 a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.

This is 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.

This is 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 a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.

This is 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 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 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 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 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 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 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 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 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 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 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 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 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 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 a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.

This is 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 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 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 a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.

This is 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 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 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 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 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 a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.

This is 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 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 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 a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.

This is 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 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.; 4 PET Scans have already been performed on this patient for this cancer.

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.; More than 4 PET Scans have already been performed on this patient for this cancer.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.

This is 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 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 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 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

will fax recs.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

Radiology Services Denied Not Medically Necessary

Pt with a hx of thrombocytosis with a JAK2 mutation. Pt is on Hydrea and her immune system is low.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Head and Neck Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Following up previous scans to evaluate lymphadenopathy in bilateral hilar and mediastinal regions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2014; There has not been any treatment or conservative therapy.; Patient did not report any symptoms recently.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; 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.

Radiology Services Denied Not Medically Necessary

patient finished chemotherapy, lesions; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Exam positive for DVT in the mid aspect of the right calf vein with no other evidence of DVT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/17/2015; There has been treatment or conservative therapy.; Episodic cluster headaches, sleep disturbance, dysphoric mood, anxious, arthralgias, lower back and leg pain; Patient was taken off Xarelto and placed on Lovenox 120 MG.Pain medication has been tried for headaches without relief.

Radiology Services Denied Not Medically Necessary

Ms. Kagebein is a 39 year old white woman with history of iron deficiency anemia. Her GI work-up was negative including a capsule endoscopy in October 2012. UA was also negative. She has history of Graves disease and therefore she may have an autoimmune 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.; Pt has worsening headaches over the last 4-5 weeks.; There has not been any treatment or conservative therapy.; Fatigue, headache, dyspnea on exertion, cough.

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.

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

Radiology Services Denied Not Medically Necessary

; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

Radiology Services Denied Not Medically Necessary

enlarged lymph nodes. R/O mets; "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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with abd pain and abd 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.; Evaluation of patient with abd pain and abd mass.; There has not been any treatment or conservative therapy.; Evaluation of patient with abd pain and abd mass.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with bone cancer and hepatic mass and SPN.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Breast Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with CLL/SLL.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Head and Neck Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lung Cancer with Bone Mets.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lymphoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Melanoma with new abd pain.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

evaluation of 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing recs.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing recs.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Follow up, the patient is on chemotherapy, and this is for restaging after the 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months. Following up previous scans to evaluate lymphadenopathy in bilateral hilar and mediastinal regions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2014; There has not been any treatment or conservative therapy.; Patient did not report any symptoms recently.

Radiology Services Denied Not Medically Necessary

Initial staging of patient new diagnosed with Endometrial Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; pt is immune compromised, AML; sinusitis ; ordering asap; "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."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Ms. Kagebein is a 39 year old white woman with history of iron deficiency anemia. Her GI work-up was negative including a capsule endoscopy in October 2012. UA was also negative. She has history of Graves disease and therefore she may have an autoimmune 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.; Pt has worsening headaches over the last 4-5 weeks.; There has not been any treatment or conservative therapy.; Fatigue, headache, dyspnea on exertion, cough.

Radiology Services Denied Not Medically Necessary

pt is having chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Smoking history, family history of lung cancer and exposure to carinogen.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/31/2015; There has not been any treatment or conservative therapy.; Smoking history, family history of lung cancer and exposure to carinogen. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

will fax recs.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Will get CT c/a/p: fever ??source; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

patient finished chemotherapy, lesions; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

Evaluation of bone marrow for hypereosinophilia with eosinophilic gastroenteritis.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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.

Radiology Services Denied Not Medically Necessary

Evaluation of bone marrow for hypereosinophilia with eosinophilic gastroenteritis.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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.

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

Radiology Services Denied Not Medically Necessary

Evaluation of bone marrow for hypereosinophilia with eosinophilic gastroenteritis.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Exam positive for DVT in the mid aspect of the right calf vein with no other evidence of DVT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/17/2015; There has been treatment or conservative therapy.; Episodic cluster headaches, sleep disturbance, dysphoric mood, anxious, arthralgias, lower back and leg pain; Patient was taken off Xarelto and placed on Lovenox 120 MG.Pain medication has been tried for headaches without relief.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

patient finished chemotherapy, lesions; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. > 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.; < Enter date of initial onset here - or Type In Unknown If No Info Given > unknown; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given > Always feels tired . Dizzy spells. low abdominal pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given > CT of chest was given

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Evaluation of patient with bone cancer and hepatic mass and SPN.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Breast Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with CLL/SLL.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Head and Neck Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lung Cancer with Bone Mets.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lymphoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing recs.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing recs.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Follow up scans to evaluate disease, worried there might be progression.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

Follow up, the patient is on chemotherapy, and this is for restaging after the 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months. Following up previous scans to evaluate lymphadenopathy in bilateral hilar and mediastinal regions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2014; There has not been any treatment or conservative therapy.; Patient did not report any symptoms recently.

Radiology Services Denied Not Medically Necessary

Initial staging of patient new diagnosed with Endometrial Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Ms. Kagebein is a 39 year old white woman with history of iron deficiency anemia. Her GI work-up was negative including a capsule endoscopy in October 2012. UA was also negative. She has history of Graves disease and therefore she may have an autoimmune 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.; Pt has worsening headaches over the last 4-5 weeks.; There has not been any treatment or conservative therapy.; Fatigue, headache, dyspnea on exertion, cough.

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 and Malaise and fatigue

Radiology Services Denied Not Medically Necessary

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; Evaluation of patient with strong family history of cancer and a positive mutation for Lynch Syndrome.

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; faxing rec

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; mass found in common bile duct

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 is having abdominal pain

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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

will fax recs.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Will get CT c/a/p: fever ??source; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; faxing rec; There has not been any treatment or conservative therapy.; RUQ abdominal pain, liver lesion, & ground glass attenuation & 1cm hilar lymph node

Radiology Services Denied Not Medically Necessary

will fax records; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.

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.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.

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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with abnormal lung finds.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Barrett's Esophagus.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with cancer of the large intestine.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Melanoma with new abd pain.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Stage IV Kidney Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

evaluation of patient with thyroid cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

evaluation of pt with Malignant neoplasm of overlapping sites of corpus uteri; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

evaluation of 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing recs.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

for initial staging of cancer and to evaluate the heart before chemo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Initial staging of patient new diagnosed with Endometrial Cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is for evaluation of regional lymph nodes.

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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.

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.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.

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.; This would be the first PET Scan performed on this patient for this cancer.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.

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.

Radiology Services Denied Not Medically Necessary

will fax rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

Enter   March 25, 2014         John K. Heifner, MD 9601 Baptist Health Drive Suite 400 Little Rock AR 72205     Dear John:   I am seeing Tom and followup for lambda light chain myeloma and primary amyloidosis of the heart and kidne; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.

Enter   March 25, 2014         John K. Heifner, MD 9601 Baptist Health Drive Suite 400 Little Rock AR 72205     Dear John:   I am seeing Tom and followup for lambda light chain myeloma and primary amyloidosis of the heart and kidne; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

shortness od breathe, and cough, long time smoker, bronchitis after antibiotics, white cell count of 18,000, COPD diagnosis,; 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.

This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

abnormal chest x-ray and granulomatous lymphadenitis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

FATIGUE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

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.

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

; This study is being ordered for Inflammatory/ Infectious Disease.; 10/21/2015; There has been treatment or conservative therapy.; pneumonia; meds

Patient fell in 2014 and hit her head requiring stitches. Diagnosed with a TIA in 2014. She has worsening headaches, nausea and double or blurry vision. CT done 8-17-14 and 8-18-14 were abnormal. Patient did not follow-in a year as recommended. 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 chronic or recurring.

patient has lung cancer. mental status changes, vision changes. weakness in extremities; 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.

PT HAS HAD HX OF A FALL, HAVING HEADACHES SINCE THEN. NO RELIEF WITH MEDS; 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 RISK FACTOR OF DIABETES AND HTN ALSO HAS HX OF CVA. HE IS A SMOKER; This study is being ordered for a neurological disorder.; 12/01/2015; There has not been any treatment or conservative therapy.; NUMBNESS LEFT SIDE/SYNCOPE/BLURRED VISION/SLURRED SPEECH

she is having TIA with vertigo/speech difficulty/high risk for a stroke; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected. Suspected stroke; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

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."; The study is requested for recent head trauma or injury.

This is a request for a brain/head CT.; The study is requested for history of stroke, (CVA) known or follow-up.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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."; The study is requested for headache.

UNKNOWN; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Unknown; This study is being ordered for trauma or injury.; 11/3/2015; There has been treatment or conservative therapy.; Headache, neck pain and muscle aches.; Tramadol and fall prevention education. Using a cane.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

"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"

< 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 (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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Sinus RX's

; This study is being ordered for Inflammatory/ Infectious Disease.; 10/21/2015; There has been treatment or conservative therapy.; pneumonia; meds

Evaluation for presence of fungal infection, etc., in a patient with recurrent episodes of acute sinusitis despite treatment.; "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.

NCAT, PERRLA, EOMI, B/L TM normal appearance with visible landmarks, conjunctiva and sclera with no erythema, no eye discharge, clear to yellowish green nasal discharge, pharynx with erythema and PND, MM wet with no lesions; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset

This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

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)

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)

during eval and physical exam, doctor noticed enlarged and non tender lymph nodes; This study is being ordered for Inflammatory/ Infectious Disease.; referred by pcp after being treated for 3 weeks; There has been treatment or conservative therapy.; cough, pulmonary adema, pneumonia, weight loss, dyspnea, wheezing; azithromycin, cefdinir
This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.

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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/30/2015; There has not been any treatment or conservative therapy.; DIZZNESS, UNSTEADY GAIT

This patient had an MRI today(12/3/15). The radiologist called and stated that the patient may have a saccular aneurysm, but needed her to have a CT cerebral angiogram and a non-contrasted CT of the head to determine if patient in fact had, a saccular an; This study is being ordered for Vascular Disease.; 11/10/2015; There has not been any treatment or conservative therapy.; This patient presented to the clinic complaining of dizziness, headaches, and blurred vision.
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 a neurological disorder.; 9/30/2015; There has not been any treatment or conservative therapy.; DIZZNESS, UNSTEADY GAIT
Yes, this is a request for CT Angiography of the Neck.

"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess
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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

mother died of CNS aneurysm at age 53 and father died of stroke with possible aneurysm; This study is being ordered for a neurological disorder.; 09/26/2015; There has been treatment or conservative therapy.; vertigo, nystagmus, nausea & vomiting; patient was seen at ER on 9/26/15, treated with ondansetron and scopolamine patch

Patient with Headache, Tinnitus, visual changes, and abnormal vascular loop contacting 7th and 8th nerves on prior MRI. Patient has tried prior therapy for all listed above.; This study is being ordered for a neurological disorder.; new neurologic symptoms:The symptoms began 1 month ago and generally lasts varies.  She has developed a feeling of imbalance or "listing" more to the right.1 month.  She is been having dysesthetic symptoms with tingling, burning, and numb feelings in ; There has been treatment or conservative therapy.; Headache, Imbalance problems, Visual changes; magnesium 400 mg once a day to improve headache frequency and improve muscular pain  Lyrica 75mg capsules BID  Maxalt 10mg take 1 tablet at onset of migraine  Tramadol 50mg take 1-2tablets BID PRN for pain

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 been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.
The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/20/2015; There has been treatment or conservative therapy.; aphasia, carotid occlusion of 100%; speech therapy

< 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).

< 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 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 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/oncologist.

bilateral upper extremity pain; This study is being ordered for a neurological disorder.; 10/2015; There has not been any treatment or conservative therapy.; loss of feeling from elbow to hand on right dife

Enter answer here - or Type In Unknown If No Info
decreased sensation of forward 1/3 of tongue and decreased sensation of taste; present over past several months; stable not getting worse; nfo Given.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - or Type In Unknown If No Info Give; Blood pressure meds were changed to see if patient was having side effects from that. Symptoms did not get better.

Facial numbness for a couple of months, works around mold, using antibiotics and nothing helps; 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.

Headache; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/28/2015; There has been treatment or conservative therapy.; Pt c/o trigger point a base of scalp, sore eyes and headache with neck stiffness.; RX injection at base of skull.

mother died of CNS aneurysm at age 53 and father died of stroke with possible aneurysm; This study is being ordered for a neurological disorder.; 09/26/2015; There has been treatment or conservative therapy.; vertigo, nystagmus, nausea & vomiting; patient was seen at ER on 9/26/15, treated with ondansetron and scopolamine patch

PATIENT COMPLAINS OF HEADACHES AND DIZZINESS WHEN CLOSING EYES OR TURNING HEAD WORSE WHEN HEAD IS UP OR DOWN; This request is for 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).

Patient fell down a set of stairs and hit her head; traumatic brain injury with loss of consciousness of 30 minutes or less; intermittent memory loss; 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.

Patient has dementia with behavioral disturbance, patient is only 64yrs old; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

Patient has headache for 1 month; entire head. Patient feels like something is crawling across his head, dizziness, nausea, increase blood pressure, hypertension.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Patient is having hallucination, seeing people with no face. He woke up in his car and was confused as to why.; 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.

patient is showing signs of fatigue; 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.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Patient passed out, couldn't talk, ringing in ear and chest tight.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

Patient with Headache, Tinnitus, visual changes, and abnormal vascular loop contacting 7th and 8th nerves on prior MRI. Patient has tried prior therapy for all listed above.; This study is being ordered for a neurological disorder.; new neurologic symptoms:The symptoms began 1 month ago and generally lasts varies.  She has developed a feeling of imbalance or "listing" more to the right.1 month.  She is been having dysesthetic symptoms with tingling, burning, and numb feelings in ; There has been treatment or conservative therapy.; Headache, Imbalance problems, Visual changes; magnesium 400 mg once a day to improve headache frequency and improve muscular pain  Lyrica 75mg capsules BID  Maxalt 10mg take 1 tablet at onset of migraine  Tramadol 50mg take 1-2tablets BID PRN for pain

possible demyelination; This study is being ordered for a neurological disorder.; 11/18/156; There has been treatment or conservative therapy.; abnormal neurological exam right upper extremity, left lower extremity. Motor and sensory deficits.; blood evaluation

ruling out or evaluating for MS, family history of MS, family history of brain cancer; 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.

See Tracking 112244665; 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.; It is unknown if the patient has 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.

seizures, 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).

Severe migraines x 1 week; 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.

Syncope episodes passes out; This request is for 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).

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 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.

This request is for 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.

This request is for 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.

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.

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.

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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

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.

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.

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.

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.

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.

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.

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.

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 being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Chest wall pain, left arm weakness, headache, epileptic seizures, dysmetria, chest wall tenderness and swelling; Medication

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/20/2015; There has been treatment or conservative therapy.; aphasia, carotid occlusion of 100%; speech therapy

"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.

"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.

< 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.

< 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.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Headaches and chronic sinusitis; Pt was given medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Medical notes said "years"; There has been treatment or conservative therapy.; (Lumbar Spine MRI) lower back pain, radiating down left thy and back café. (chest CT) Nodular in upper left chest; Medications/ Back Brace/ PT/ ; "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.

; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

; This study is being ordered for Inflammatory/ Infectious Disease.; 10/21/2015; There has been treatment or conservative therapy.; pneumonia; meds

; This study is being ordered for Inflammatory/ Infectious Disease.; Biopsy performed on 10/08/15; There has been treatment or conservative therapy.; non-healing oral ulcerative lesion on upper inner lip with a positive biopsy Crohns disease vs. sarcoidosis; nystatin swish and swallow, acyclovir, fluconasone, Valtrex, treatment by ENT, dentist, oral and maxillofacial surgeon and oral and maxillofacial pathologist, who performed the biopsy

1.5 cm nodule in the medial right lung base. A short-term follow-up chest CT is recommended for further evaluation.; 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.

10/10/14 patient had a screening CT chest due to smoking history - quit smoking 8/12/13 - has a 17 pack year history. CT showed :There are scattered pleural-based nodules identified within the lungs as described above measuring up to 3.6 mm in size. Give; "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.

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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

a spot enlarged chest x-ray came back abnormal; "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.

Coronary artery disease involving native coronary artery of native heart without angina pectoris,Hyperlipidemia, unspecified hyperlipidemia,Type 2 diabetes, controlled, with peripheral circulatory disorder,Tobacco use,Essential hypertension,Peripheral vas; This study is being ordered for Vascular Disease.; 2011; There has been treatment or conservative therapy.; shortness of breath; chest pain; dizziness; occasional back pain; weight loss; EKGs, Echocardiography, heart cath, tobacco counseling and medication management.

CT chest was done on 3-16-2015 that detected a 6 mm nodule in the right lung area. A follow up CT was recommended.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

during eval and physical exam, doctor noticed enlarged and non tender lymph nodes; This study is being ordered for Inflammatory/ Infectious Disease.; referred by pcp after being treated for 3 weeks; There has been treatment or conservative therapy.; cough, pulmonary edema, pneumonia, weight loss, dyspnea, wheezing; azithromycin, cefdinir F/U for noted aortic aneurysm six months; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

f/u to previous imaging; "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.

Follow up CT for lung nodule.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

had an abnormal chest ct, found lumps throughout the neck, small asymmetric area of nodule plus thickening in the left lung apact; "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.

history of dvt...now with bright red blood production; 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.

history of tobacco use and exposure to asbestos and chronic shortness of breath; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

IP bypassing Medical Necessity Questions; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

It is not known if there is 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.

none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; 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.

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/17/15; There has not been any treatment or conservative therapy.; pain

patient had a CT chest 3/11/15 - has a stable 4mm non calcified nodule left upper lobe - radiologist recommended 6 month follow up CT.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

patient had a CT coronary calcium score on 4/9/15 which showed a right lung base 3.7 mm nodule. Recommend followup in 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.

patient had a CT lung screening done 5/2015 which showed : Small nodules bilaterally, the largest which measures up to 6 mm in the left upper lobe. These are nonspecific. Follow-up CT in 6 months is recommended to evaluate for any interval change. Current; 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.

Patient is having a cough with discharge along with an abnormal chest xray showing large calcification and hilar density.; 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.

PT WITH FEVER OF UNKNOWN ORIGIN; ELEVATED CADMIUM BLOOD LEVEL. ABD PAIN, ANOREXIA HX OF LUNG NODULES. RULE OUT 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 physician is not a hematologist/ oncologist.

rule out 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.

seen in office 10/21/15. He reports a CT chest in July 2014 (with another provider) that showed pulmonary nodules, he is due for follow up 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.

test completed on 09/19/2015; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has infiltrates and consolidation on plain xray. Unresolved cough; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; pleural effusion and ground glass infiltrates.; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Unexplained chest & rib pain for 3 years; "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.

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.

This is a f/u from abnormal CT in May; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

unintentional 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.; Pt has unintentionally lost over 100lbs since Sept 2014.; There has been treatment or conservative therapy.; weight loss; diagnostic testing - all looks normal

will fax clinical upon request; "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.

Xray of chest shows, mass or solitary nodule 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.; 3 weeks ago had Xray in ER; There has been treatment or conservative therapy.; chest pain, sinus and chest congestion; antibiotics

Yearly FU 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 none of the above.

; 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.
chest ct of 6/4/15 showed increasing aneurysmal dilation of the descending thoracic aorta - requires follow-up; 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.

ECHO to evaluate bicuspid vs trileaflet aortic valve; - CTA for aortic root evaluation; 38 yo CF with h/o congenital aortic stenosis' and a dilated aortic root comes for follow up. She was last seen by Dr Hayes in June 2013 and had a MRA of the chest that ; 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.

Ms Alcorn-Smith is a pleasant 40 y/o lady referred for evaluation of a rapid heart rate/palpitations. She is here today for follow up after a TTE/Bubble- Mildly dilated left atrium and moderately enlarged right atrium and ventricle, normal global left ven; This study is being ordered for Vascular Disease.; Ms Alcorn-Smith is a pleasant 40 y/o lady referred for evaluation of a rapid heart rate/palpitations. She is here today for follow up after a TTE/Bubble- Mildly dilated left atrium and moderately enlarged right atrium and ventricle, normal global left ven; It is not known if there has been any treatment or conservative therapy.; Ms Alcorn-Smith is a pleasant 40 y/o lady referred for evaluation of a rapid heart rate/palpitations. She is here today for follow up after a TTE/Bubble- Mildly dilated left atrium and moderately enlarged right atrium and ventricle, normal global left ven

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

; 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. cross-sectional imaging warranted by radiologist on x-ray report; 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 trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.

Patient was denied cervical spine MRI. Neck pain with parasthesia in bil arms.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

Recent MVA with neck pain, patient complains of decreased sense of touch with numbness and tingling in bilateral hands with worsening headaches.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

The patient does have neurological deficits.; This 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.

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.

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; april 2015; There has not been any treatment or conservative therapy.; tingling trmor over shoulders and upper chest/
; This study is being ordered for a neurological disorder.; 03/24/2015; There has been treatment or conservative therapy.; LEG WEAKNESS BILATERAL/ARM AND ABD PARESTHESIA; MEDS
; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;
bilateral upper extremity pain; This study is being ordered for a neurological disorder.; 10/2015; There has not been any treatment or conservative therapy.; loss of feeling from elbow to hand on right dife
Enter answer here - or Type In Unknown If No InfAdditionally, she presents with history of neck pain. the location of discomfort is on the right side. It radiates to the upper back and intrascapular area. Initial onset was one week ago. Associated sym; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Headache; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/28/2015; There has been treatment or conservative therapy.; Pt c/o trigger point a base of scalp, sore eyes and headache with neck stiffness.; RX injection at base of skull.

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.; UNKNOWN

Musculoskeletal: Musculoskeletal: no muscle weakness or cramps, no difficulty walking, and arthralgias/joint pain (mostly in hands) and back pain; no swelling of joints no warmth or fever of joints.  Neurologic: Neurologic: no loss of consciousness or b; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.

patient did undergo 6 wks of physical therapy for strengthening and pain control without any improvement; 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.; weakness affects his ability to do activities of daily living, limits his ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

possible demyelination; This study is being ordered for a neurological disorder.; 11/18/156; There has been treatment or conservative therapy.; abnormal neurological exam right upper extremity, left lower extremity. Motor and sensory deficits.; blood evaluation

radicular arm pain starting 4 months ago, moderate intensity, no obvious aggravating factors, right lateral shoulder pain radiating down arm and into 3rd finger, numbness; 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.

seen in office 11/17/15 for chronic back and neck pain. Worsening for the past 3 years. Had cervical spine surgery in 2009. Has been seeing a chiropractor routinely for 3 years with some relief early on, not helping as much now. Takes Flexeril and aleve; This study is 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 - worse in past 3 years; There has been treatment or conservative therapy.; pain, numbness and tingling; Sees a chiropractor routinely for the past 3 years

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.

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.

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.

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.; Yes, the patient had six weeks of Chiropractic care related to this episode.

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.

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; 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.

This is a request for cervical 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.

This is a request for cervical 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.

This is a request for cervical 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.

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.; Duration of Symptoms: Start: 08/25/2015   Physical Exam Findings: 1 month of progressive worsening of neck pain with associated paresthesias in fingers and jaw r/o pinched nerve, herniated disc, discitis, disc dislocation

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; neck pain
Wants to send Pt. to a pain specialist and they require a MRI before referral.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2014; There has been treatment or conservative therapy.; Pain for about the last year, numbness in the R arm when he moves his neck, numbness in 4th and 5th fingers and pain down into the hips and legs.; PT and pain medications

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 had CT of t-spine on 6/25/15 was order 6 weeks of chiropractic therapy & is still experiencing pain so MRI was ordered

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; april 2015; There has not been any treatment or conservative therapy.; tingling trmor over shoulders and upper chest/

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being 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 >

; This study is being ordered for a neurological disorder.; 03/24/2015; There has been treatment or conservative therapy.; LEG WEAKNESS BILATERAL/ARM AND ABD PARESTHESIA; MEDS

Enter answer here - or Type In Unknown If No InfAdditionally, she presents with history of neck pain. the location of discomfort is on the right side. It radiates to the upper back and intrascapular area. Initial onset was one week ago. Associated sym; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

EVAL FOR SHOTS OR POSSIBLE NEUROSURGEON REFERRAL; This study is being ordered for a neurological disorder.; 07/01/2015; There has been treatment or conservative therapy.; WEAKNESS PARESTHESIA IN RIGHT LEG PAIN IN UPPER BACK AND LOWER BACK, RADIATING DOWN TO BUTTOCKS,POSTERIOR THIG AND DOWN TO RIGHT FOOT SYMPTOMS HAVE ONLY WORSENE SINCE STARTING PT; PT HAS HAD PHYSICAL THERAPY, SHE HAS BEEN USING OVER THE COUNTER IBUPROFEN AND PRESCRIBED NORFLEX

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 evalution, or Neurological deficits."; <Enter Additional Clinical Information>

possible demyelination; This study is being ordered for a neurological disorder.; 11/18/156; There has been treatment or conservative therapy.; abnormal neurological exam; right upper extremity, left lower extremity.; Motor and sensory deficits.; blood evaluation

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 with multiple sclerosis needs follow up MRI thoracic spine; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; 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.

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.; Thoracic spine x-ray done.

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.; 11/03/2015 FALL Procedure Date: 11/04/2015; Abnormal; showed some wedging at t9-11 and possible compression fracture patient had a fall where he struck his back on some stairs and has had pain since that time. pain with standing, sitting, and walkin

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.

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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 09-02-2015; There has been treatment or conservative therapy.; chronic prostatitis, neuropathy, chronic testicular pain, stabbing pain,; pt,ibuprofen

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being 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 >

; The study requested 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 trouble walking. Stating that she has radiating pain 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.

; 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.

; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

bilateral upper extremity pain; This study is being ordered for a neurological disorder.; 10/2015; There has not been any treatment or conservative therapy.; loss of feeling from elbow to hand on right dife

EVAL FOR SHOTS OR POSSIBLE NEUROSURGEON REFERRAL; This study is being ordered for a neurological disorder.; 07/01/2015; There has been treatment or conservative therapy.; WEAKNESS PARESTHESIA IN RIGHT LEG PAIN IN UPPER BACK AND LOWER BACK, RADIATING DOWN TO BUTTOCKS,POSTERIOR THIG AND DOWN TO RIGHT FOOT SYMPTOMS HAVE ONLY WORSENEED SINCE STARTING PT; PT HAS HAD PHYSICAL THERAPY, SHE HAS BEEN USING OVER THE COUNTER IBUPROFEN AND PRESCRIBED NORFLEX

has leg numbness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs with standing; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

MDO - BYPASSING CLINICALS - WILL FAX; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

Patient has had disc herniation repair .; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.

Patient is being referred to Orthopedic Surgeon and MRI is needed prior to Referral appointment. Patient has had NCV and is taking Norco.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs 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. possible demyelination; This study is being ordered for a neurological disorder.; 11/18/156; There has been treatment or conservative therapy.; abnormal neurological exam; right upper extremity, left lower extremity.; Motor and sensory deficits.; blood evaluation

pt was unable to complete 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.

seen in office 11/17/15 for chronic back and neck pain. Worsening for the past 3 years. Had cervical spine surgery in 2009. Has been seeing a chiropractor routinely for 3 years with some relief early on, not helping as much now. Takes Flexeril and aleve; This study is 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 - worse in past 3 years; There has been treatment or conservative therapy.; pain, numbness and tingling; Sees a chiropractor routinely for the past 3 years

study is being requested by provider for further eval of pt symptoms, including severe pain and numbness and tingling, please see previous note; 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.

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.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.

The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; The patient has not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

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

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality; The patient has an Abnormal x-ray indicating a significant abnormality

Wants to send Pt. to a pain specialist and they require a MRI before referral.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2014; There has been treatment or conservative therapy.; Pain for about the last year, numbness in the R arm when he moves his neck, numbness in 4th and 5th fingers and pain down into the hips and legs.; PT and pain medications

Patient has enlarged right ovary on Ultra sound and history of endometriosis; 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.

Patient is a 39-year-old male with the below noted history of presents chief complaint of probable recurrent inguinal hernia. He has had 2 previous surgeries on the right, last night he tripped and felt a sudden tearing sensation similar to previous he ha; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 09-02-2015; There has been treatment or conservative therapy.; chronic prostatitis, neuropathy, chronic testicular pain, stabbing pain,; pt,ibuprofen

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

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 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.

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.

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.

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.

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.

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.

; This study is being ordered for trauma or injury.; around 10/5/15.; There has been treatment or conservative therapy.; Unable to perform abduction of left arm; positive empty can test; increase pain meds and steroids given.

10/6/15 seen in ED for Left shoulder pain - says has been hurting for 1 month gradually worsening. In ED was unable to move arm due to pain - on exam: Left shoulder: He exhibits decreased range of motion, tenderness, pain and decreased strength. Xray - u; 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.

Pain and weakness increasing.; This study is being ordered for trauma or injury.; 05/30/2015; There has been treatment or conservative therapy.; pain, burning, weakness; Injections, OTC NSAIDS, wrist braces

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   Reported by patient.  Location: right; anterior  Quality: aching; frequent; constant; no change  Severity: moderate to severe at times  Duration: 1 weeks; continuous since onset  Timing: abrupt  Context: cannot identify (no known injury

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

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Unknown

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.; It is not known if there are documented findings of crepitus.; It is not known if there are documented findings of swelling.; The ordering physician is not an orthopedist.; ; 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.; It is not known if there is documented findings of severe pain on motion.

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.

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.

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.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient presents with clinical rotator cuff tendonitis, decreased range of motion, and decreased strength. Patient also has spurring on x-ray results.

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.

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.

The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The patient has not had a recent bone scan.; The patient has not had a recent ultrasound of the shoulder.; The plain films were normal.; There are documented physical or laboratory findings of a joint infection.; The patient has not had a recent CT of the shoulder.

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?

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.

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.

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.

Unknown; This study is being ordered for Vascular Disease.; 11/19/2015; There has been treatment or conservative therapy.; leg swelling; Unknown

Yes, this is a request for CT Angiography of the lower extremity.

"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.; This is a request for bilateral foot MRI.; R and L foot ulcerations and infections.wounds both feet

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; nov 20 2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt ; 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.

; This study is being ordered for trauma or injury.; Patient had partial knee replacement in May 2015 and continues to have swelling and pain in left knee radiating into calf.; There has been treatment or conservative therapy.; Knee pain, swelling, calf pain, numbness in knee and difficulty walking.; Patient has taken anti-inflammatories, steroids, orthopaedic evaluation and physical therapy.

office visit 10/1/15 for left knee pain. Has had knee problems for years, but fell off step 2 days ago. Had Xray done in Tulsa at a convenient care. given Mobic and Norco; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

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.

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.

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.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

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.

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.

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.

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.

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

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

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

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

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

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.

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

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

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.

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
This is a request for a Knee MRI.; The plain films were not normal.; arthroscopic knee surgery on 3/20/15 for meniscus tear, patient has had 2 infections that have required debriedments, has had increased pain. xrays showed complete loss of the medial compartment and bone on bone.she will likely need knee aspiration with c; Known or Suspected Joint Infection

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?

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.

; This study is being ordered for Inflammatory/ Infectious Disease.; Earlier than 2013; There has not been any treatment or conservative therapy.; Patient had recent positive ANA result, and has been referred to rheumatology for further evaluation of Lupus. She does have joint pain to both hips and right ankle. She takes Tramadol 50 mg prn and Hydrocodone-apap 7.5-325 mg prn pain. She states her hand

seen in office 10/2/15 for L hip pain. Stated she had fallen in the shower 9/30/15 and had been having pain since. Had decreased ROM, decreased flexion, decreased abduction and pain with movement of hip. Xray showed : Degeneration and spurring along the s; 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.

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.

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.

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.

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 does not have a documented limitation of their range of motion.

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.

< 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 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.
; This study is being ordered for Inflammatory/ Infectious Disease.; Biopsy performed on 10/08/15; There has been treatment or conservative therapy.; non-healing oral ulcerative lesion on upper inner lip with a positive biopsy Crohns disease vs. sarcoidosis; nystatin swish and swallow, acyclovir, fluconasone, Valtrex, treatment by ENT, dentist, oral and maxillofacial surgeon and oral and maxillofacial pathologist, who performed the biopsy

R/O:LIVER CARCINOMA; ABD US ON 12/22/2015 SHOWED IRREGULARLY MARGINATED HYPERECHOIC LESION MEASURING 3.8 x 1.9cm; 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.

The patient is having severe abdominal pain. Patient was sent for a US of the complete abdomen and it came back abnormal and they wanted Dr. Sarkar to consider a CT for further evaluation. The echogenic line with dense posterior shadowing is seen in the g; 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

There is a nodule Midline lower chest at xiphoid process, mobile and tender found upon physical exam; 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.

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 is no known prostate cancer with a PSA 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.

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.

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.

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.

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.

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.

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

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.

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

This is a request for CT Angiography of the Abdomen and Pelvis.

Yes, this is a request for CT Angiography of the abdomen.

; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.

He is having a left upper quadrant abdominal pain, slowly increasing, unchanged with boel movement, and not accompanied by nausea, vomitng, diarrhea, or fever. He has a slight pain with inspiration as well. He denies GERD or dysphagia. soft, mildly tender; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

laparoscopic cholecystectomy on 08/21/2014, for some right-sided abdominal pain. She states that since her operation, she has not gotten a lot of relief and still suffers with occasional episodic sharp stabbing and shooting right side 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.

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/17/15; There has not been any treatment or conservative therapy.; pain

Patient has had history of ovarian cysts and c-diff.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

Patient is complaining of painless hematuria and microscopic hematuria. Patient has right flank pain. Patient needs CT scan done to rule out stone on right side.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Patient presented to clinic with flank pain, pelvic/abdominal pain. The past 2 urinalysis has had 3 plus blood in urine. We would like to do abdomen/pelvic with stone protocol to try and see if she has a 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.; It is not known if a pelvic exam was performed.

Patient presented to our clinic with increased abdominal pain, bloating, nausea and a history of Hepatitis C.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.

pt developed pain following gallbladder surgery 3 months ago; pt has lost 37.4 in June, 2015 and complains of constant diarrhea since surgery as well; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.

pt has had a previous hysterectomy with complications caused by scar tissue from endometriosis. the clinician feels her pain may be related to ovarian cysts; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

PT WITH FEVER OF UNKNOWN ORIGIN; ELEVATED CADMIUM BLOOD LEVEL. ABD PAIN, ANOREXIA HX OF LUNG NODULES. RULE OUT 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 physician is not a hematologist/ oncologist.

REBOUND AND GUARDING WITH LOWER ABDOMINAL TENDERNESS; R/O:APPENDICITIS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

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.

This is a request for an abdomen-pelvis 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.

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.

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.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor;

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 a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

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.

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.

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

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

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

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.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

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

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.

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.; semi-acute abdominal pain, tenderness nad CVA in diabetic patient.

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;

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 LLQ

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>

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; chronic pain; diagnostic lap showed L tubal cyst which was removed and not believed to be the cause of her chronic LLQ pain. Experiencing pain w/constipation and intercourse; also having sharp L low back pain

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; LLQ pain, N/V, Changes in stool, Hx of Diverticulitis

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 in lower abd while sitting long periods, no fever, urinary pain, n/v, bowel changes, 09/14/2015 suprapubic tenderness; Testicular US Dec 2014 has simple epididymal cyst, CBC, CMP & UA wnl, July 2015 colonoscopy has diverticulosis & polyp, otherwise normal

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 hernia - needs evaluation

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 abdominal hernia and possible obstruction

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; severely sick to stomach, bloating, gas

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; stomach pain and swelling

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; worsening right lower quadrant pain, occasional right testicular pain and sometimes swollen in ribs; pain medications isn't helping

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

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

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

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

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.; It is not known if there is a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor

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

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

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 R/O metastases

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 abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Mbr has abdominal pain, had US done, the radiologist suggested CT instead.

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

This is a request for an abdomen-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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Unknown; This study is being ordered for Vascular Disease.; 11/19/2015; There has been treatment or conservative therapy.; leg swelling; Unknown

This request is for an Abdomen MRI.; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for organ enlargement.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; To see if mass has gotten bigger, and they have chronic kidney disease; unknown

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."; no other info.

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are not physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis."; "There are no active or clinical findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There is not radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites."; pt has abdominal pain and wt loss. labs were unremarkable. symptoms since 2014. pt saw G.I. specialist at Arkansas Childrens Hospital and he recommends mri

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 is currently listed for a liver transplant. Patient requires paracentesis weekly. Exam is to evaluate for HCC and elevated CA125.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; MRI was suggested from CT scan of Abdomen and Pelvis.

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 abdominal pain following a MVA. She had a CT abdomen in the ER and a mass of the right lobe of the liver was found. It recommended MRI for further evaluation.

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 AN ABDOMINAL ULTRASOUND ON 12/08/15. 4.5X 4CM HYPOECHOIC SOLID RIGHT HEPATIC MASS WAS FOUND. THE ULTRASOUND APPEARANCE DOES NOT CLEARLY BENIGN HEMANGIOMA. MRI OF THE LIVER IS SUGGESTED TO FURTHER CHARACTERIZE THIS LESION

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 3.2 cm left adrenal mass is indeterminate on this study. This could represent an adrenal adenoma. Further evaluation with adrenal protocol CT or MRI of the abdomen without and with IV contrast is recommended for further evaluation. 2.Epiploic appendag

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 an abdominal u/s on 10/20/15 the ultrasound shows multiple hepatic cysts, up to 4cm. one is complex with a septation

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 an abnormal CT Abdomen and Pelvis. Radiologist recommended an MRI Abdomen to further evaluate the Liver.

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.; We tried to authorize a CTA previously and it was denied so we done a non nuclear stress test and is was negetavie. Patient still has a high clinical suspicion for CAD; Yes, there is Chronic Chest Pain.

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.;

Ms Alcorn-Smith is a pleasant 40 y/o lady referred for evaluation of a rapid heart rate/palpitations. She is here today for follow up after a TTE/Bubble- Mildly dilated left atrium and moderately enlarged right atrium and ventricle, normal global left ven; This study is being ordered for Vascular Disease.; Ms Alcorn-Smith is a pleasant 40 y/o lady referred for evaluation of a rapid heart rate/palpitations. She is here today for follow up after a TTE/Bubble- Mildly dilated left atrium and moderately enlarged right atrium and ventricle, normal global left ven; It is not known if there has been any treatment or conservative therapy.; Ms Alcorn-Smith is a pleasant 40 y/o lady referred for evaluation of a rapid heart rate/palpitations. She is here today for follow up after a TTE/Bubble- Mildly dilated left atrium and moderately enlarged right atrium and ventricle, normal global left ven

Yes, this is a request for CT Angiography of the abdominal arteries.

; 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.

she was told that MRI is better for screening with prior implants; 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; 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).

; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

abnormal EKG showed left ventricular hypertrophy in a patient with tobacco use, hypertension, hyperlipidemia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

chest pain, diabetes, hypertension, hyperlipidemia, abnormal ECG shows: borderline T abnormalities and prolonged QT interval; 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's age is between 45 and 64.; The patient 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.

Ms Lester is a very pleasant 46yo lady with significant history of morbid obesity, OSA on CPAP, HTN, allergic rhinitis, anxiety and GERD, presents as referral from Dr. Tilley's office for evaluation of abnormal EKG and chest discomfort. She reports that s; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

needs d.o.t. physical for job including stress test to keep job.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

patient with tightness in chest x 6 weeks off and on, with rest, and exertion with anxiety. relieved with asa; 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's age is between 45 and 64.; The patient 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.

provider had previously requested a myocardial perfusion test and was told Echo needed to be completed first. Echo done Dec 18 showed: Atrial fibrillation with moderate ventricular response as potential cardiac source of emboli. Left ventricular systoli; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

PT HAS RISK FACTOR OF DIABETES AND HTN ALSO HAS HX OF CVA. HE IS A SMOKER; This study is being ordered for a neurological disorder.; 12/01/2015; There has not been any treatment or conservative therapy.; NUMBNESS LEFT SIDE/SYNCOPE/BLURRED VISION/SLURRED SPEECH

pt having surgery under general anesthesia. sched for 10/28. ekg was abnormal. attempting to get clearance for surgery; This study is being ordered as a pre-operative evaluation.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; 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's age is between 45 and 64.; 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).

PT IS HAVING CP AND DYSPNEA. IS OBESE; The patient is not diabetic.; The patient is less than 45 years old.; 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).

status post pace maker; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.

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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; 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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; 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 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; The patient 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 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's age is between 45 and 64.; 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 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's age is between 45 and 64.; 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 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.;

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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 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 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 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 a request for an echocardiogram.; This is a request for a 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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

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 (S8032); It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening (S8032) 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.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) 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 did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms of Lung Cancer.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) 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.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Headaches and chronic sinusitis; Pt was given medication

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Dizziness and balance disturbance. N/V.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

hx of 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.; Unknown; It is not known if there has been any treatment or conservative therapy.; headaches.

Radiology Services Denied Not Medically Necessary

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. Patient has had a new sudden onset of altered mental status/ forgetfulness.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

patient is having syncopal episodes; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Repetitive visits for headache. Patient was in a motor vehicle accident in March 2014; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

same as previous question.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Right lower lobe mass found on imaging, memory loss, unable to remember conversations, leg cramps, headaches, shortness or breath, chest pain.; Patient takes nitro

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This patient had an MRI today(12/3/15). The radiologist called and stated that the patient may have a saccular aneurysm, but needed her to have a CT cerebral angiogram and a non-contrasted CT of the head to determine if patient in fact had, a saccular an; This study is being ordered for Vascular Disease.; 11/10/2015; There has not been any treatment or conservative therapy.; This patient presented to the clinic complaining of dizziness, headaches, and blurred vision.

Radiology Services Denied Not Medically Necessary

unintentional 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.; Pt has unintentionally lost over 100lbs since Sept 2014.; There has been treatment or conservative therapy.; weight loss; diagnostic testing - all looks normal 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 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.

Radiology Services Denied Not Medically Necessary

Will fax additional clinical; 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); The time since onset is unknown

Radiology Services Denied Not Medically Necessary

hx of 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.; Unknown; It is not known if there has been any treatment or conservative therapy.; headaches.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the brain.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.

Radiology Services Denied Not Medically Necessary

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo ; This study is being ordered for a neurological disorder.; Patient has been experiencing neck pain for the past 5 years. Pain has worsened over the past several months with radiculopathy running to left upper extremity. She has also been experiencing headache, dizziness, and blurred vision; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

back of the head at base is tender, cant even wash hair, worse in the morning, no trauma, more so on right side, small round area under the skin on the right side of the neck, radiates pain to head; This request is for 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).

Radiology Services Denied Not Medically Necessary

further evaluation of symptoms; This study is being ordered for Vascular Disease.; at least back to 2013; There has been treatment or conservative therapy.; Chronic headache; muscular tension in the neck; NSAIDS

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

patient has had extreme headaches for on year and they are 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.; 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).

Radiology Services Denied Not Medically Necessary

patient is having entire right side body 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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Neurological deficits; We are trying to r/o MS; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; 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.

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.

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.

Radiology Services Denied Not Medically Necessary

Vertigo, dizziness, nausea; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/11/2015; It is not known if there has been any treatment or conservative therapy.; weight loss, cough and abdominal pain ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

follow up of abnormal CT scan that showed: several pulmonary nodules, adenopathy and bibasilar infiltrates; "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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

he gets dyspnea after even walking across the room. He continues to smoke 10 cigarettes a day. He denies at present: , chest wall pain, diaphoresis, nausea, near syncope, palpitations and syncope Smokes with greater than 30 pack year history; 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.

Radiology Services Denied Not Medically Necessary

No; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/6/2015; There has not been any treatment or conservative therapy.; Pt c/o weakness of legs and arms non functional.

Radiology Services Denied Not Medically Necessary

same as previous question.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Right lower lobe mass found on imaging, memory loss, unable to remember conversations, leg cramps, headaches, shortness or breath, chest pain.; Patient takes nitro

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.

Radiology Services Denied Not Medically Necessary

unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is 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.

Radiology Services Denied Not Medically Necessary

unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is 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.

Radiology Services Denied Not Medically Necessary

Xray of chest shows, mass or solitary nodule 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.; 3 weeks ago had Xray in ER; There has been treatment or conservative therapy.; chest pain, sinus and chest congestion; antibiotics

Radiology Services Denied Not Medically Necessary

Prominent degenerative changes, hypertrophic changes; 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.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; 11/3/2015; There has been treatment or conservative therapy.; Headache, neck pain and muscle aches.; Tramadol and fall prevention education. Using a cane.

Radiology Services Denied Not Medically Necessary

WE HAVE ATTEMPTED TO GET AN MRI APPROVED AND HAVE BEEN UNSUCCESSFUL.; 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.

Radiology Services Denied Not Medically Necessary

Patient has history of degenerative disc disease; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

Radiology Services Denied Not Medically Necessary

; This study is 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 not been any treatment or conservative therapy.; Bilateral shoulder pain for 6+ months, low back pain with pain radiating down left hip and leg alone with numbness.

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.

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.; 11/19/2015; There has been treatment or conservative therapy.; lumbar pain with pain down right leg, burning on the right leg and worsening weakening on the right leg; pain medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Patient has been experiencing neck pain for the past 5 years. Pain has worsened over the past several months with radiculopathy running to left upper extremity. She has also been experiencing headache, dizziness, and blurred vision; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is 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.; C-spine tenderness and pain with numbness and tingling to bilateral upper extremities, decreased strength. Hx of diffuse disc bulge in c-spine and l-spine. Previous spinal epidural injections. Lumbar back pain with radiculopathy to left side and neuropat; Pt has done PT for left hip and lumbago. She has used Aleve 2 tablets daily x 4 weeks, taking Lyrica 75mg daily for pain.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being 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.; GENERALIZED BACK PAIN; ELEVATED AMYLASE AND LIPASE; 20 POUND WEIGHT LOSS IN SIX MONTHS

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; around 10/5/15.; There has been treatment or conservative therapy.; Unable to perform abduction of left arm; positive empty can test; increase pain meds and steroids given.

Radiology Services Denied Not Medically Necessary

A c-spine x-ray was obtained in march of 2015 when the pt came to the office for neck pain. it showed degenerative changes.; 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 pt complained of arm weakness on Oct. 7th 2015 at the office visit.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. confusion; 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 range of motion, non intentional shaking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

degenerative changes in c4 c5 c5 and c6. spondylosis apophyseal joint cervical spine, abnormality identified. recommend mri. didn't do t spine in er. wants to make sure nothing further down, so requesting t spine. sudden onset of pain. never experienced b; This study is being ordered for a neurological disorder.; 11/14/2015; There has been treatment or conservative therapy.; pt in severe back pain, unable to sit or stand, extreme discomfort. presented to ER. sudden pain radiating back to chest.; pain mgmt. till mri and diagnosis

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

further evaluation of symptoms; This study is being ordered for Vascular Disease.; at least back to 2013; There has been treatment or conservative therapy.; Chronic headache; muscular tension in the neck; NSAIDS

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.;

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a neurological disorder.; 2013; There has not been any treatment or conservative therapy.; Neck pain with tingling down the arm. There is tingling in both legs.

Radiology Services Denied Not Medically Necessary

Previous mri results showed scoliosis, degenerative disease, spinal canal stenosis, multiple level facet hypertrophy. Increasing pain in neck and c spine; This study is being ordered for a neurological disorder.; Sep 4, 2013; There has been treatment or conservative therapy.; Atrophy, severe neck pain, has also has nerve block injections, severe TMJ; Medications: tramadol, hot and cold packs, xrays, previous mri

Radiology Services Denied Not Medically Necessary

previous MRI showed spinal stenosis, numbness and tingling in both arms,; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.

Radiology Services Denied Not Medically Necessary

Px discomfort on sitting, standing, lifting; This study is being ordered for a neurological disorder.; june 4, 2015; There has been treatment or conservative therapy.; Pain  radiculopathy; OTC meds Medication relaxants PT

Radiology Services Denied Not Medically Necessary

radicular arm pain starting 4 months ago, moderate intensity, no obvious aggravating factors, right lateral shoulder pain radiating down arm and into 3rd finger, numbness; 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.

Radiology Services Denied Not Medically Necessary

sharp, stabbing pain in her 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.; 09/28/2015; There has been treatment or conservative therapy.; rheumatoid arthritis numbness, tingling, headaches, sleep disturbance, pain radiating into her legs; anti inflammatory, muscle relaxers

Radiology Services Denied Not Medically Necessary

Tenderness of cervical spine, mid-thoracic spine, lumbar spine and left hip. Pain and numbness radiates to lower extremities. Positive straight leg lift. Pain on rotation of left hip. Decreased range of motion. Pain interferes with activities of daily liv; This study is being ordered for trauma or injury.; 11/12/2015; There has been treatment or conservative therapy.; Tenderness of cervical spine, mid-thoracic spine, lumbar spine and left hip. Pain and numbness radiates to lower extremities. Positive straight leg lift. Pain on rotation of left hip. Decreased range of motion.; patient was seen at ER. Was given muscle relaxers and pain meds

Radiology Services Denied Not Medically Necessary

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

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; 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 been treated for migraine headaches and Dr. believes that the headaches could possibly be related to the cervical spine degeneration present on her plane film xray.

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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Neurological deficits; PT IS HAVING NECK PAIN WITH NUMBNESS DOWN TO HIS FINGERS. HA'S AND PT IS STUTTERING WHEN HE HAS THESE EPISODES. HAS BEEN PRESENTING IT SELF FOR A WEEK; 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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Neurological deficits; We are trying to r/o MS; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; 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.

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.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; Unknown, wreck was a few years back per pt, and September of 2015 pt states she was in another wreck and has had back pain, neck pain as a result; There has been treatment or conservative therapy.; patient has h/o chronic back pain he had surgery on the lower back few yrs ago with which she had good relief . she had an accident in sept of this yr and injured her back and since then she has been having pain from her back shooting down to the back of ; Mobic, for pain. Pt has had back surgery in the past,

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.; 8/2015; There has been treatment or conservative therapy.; back pain, radiculopathy; PT, medications

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/24/2015; There has not been any treatment or conservative therapy.; grapefruit size mass, he wakes up complaining of back pain.

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.; 11/19/2015; There has been treatment or conservative therapy.; lumbar pain with pain down right leg, burning on the right leg and worsening weakening on the right leg; pain medication

Radiology Services Denied Not Medically Necessary

; This study is 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.;;

Radiology Services Denied Not Medically Necessary

; This study is being 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.; GENERALIZED BACK PAIN  ELEVATED AMYLASE AND LIPASE  20 POUND WEIGHT LOSS IN SIX MONTHS

Radiology Services Denied Not Medically Necessary

degenerative changes in c4 c5 c5 and c6. spondylosis apophyseal joint cervical spine, abnormality identified. recommend mri. didn't do t spine in er. wants to make sure nothing further down, so requesting t spine. sudden onset of pain. never experienced b; This study is being ordered for a neurological disorder.; 11/14/2015; There has been treatment or conservative therapy.; pt in severe back pain, unable to sit or stand, extreme discomfort. presented to ER. sudden pain radiating back to chest.; pain mgmt. till mri and diagnosis

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In U nknown If No Info Given.  patient has severe mid and low back pain which radiates down legs causing difficulty walking sitting or standing. has tried muscle relaxers, steroids, nsaid and physical therapy without relief; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

fall off ladder, on relief on pain; This study is being ordered for trauma or injury.; 6/17/2015; There has been treatment or conservative therapy.; Lower back to R hip and buttock and leg and foot; xray- PAIN MEDS- muscle relaxers -

Radiology Services Denied Not Medically Necessary

Patient had x-rays done that showed osteophytes at L3 and L4 with degenerative changes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Back and leg pain.

Radiology Services Denied Not Medically Necessary

Previous mri results showed scoliosis, degenerative disease, spinal canal stenosis, multiple level facet hypertrophy. Increasing pain in neck and c spine; This study is being ordered for a neurological disorder.; Sep 4, 2013; There has been treatment or conservative therapy.; Atrophy, severe neck pain, has also has nerve block injections, severe TMJ; Medications: tramadol, hot and cold packs, xrays, previous mri

Radiology Services Denied Not Medically Necessary

Px discomfort on sitting, standing, lifting; This study is being ordered for a neurological disorder.; june 4, 2015; There has been treatment or conservative therapy.; Pain  radiculopathy; OTC meds Medication relaxants PT

Radiology Services Denied Not Medically Necessary

Px discomfort on sitting, standing, lifting; This study is being ordered for a neurological disorder.; june 4, 2015; There has been treatment or conservative therapy.; Pain radiculopathy; OTC meds Medication relaxants PT

Radiology Services Denied Not Medically Necessary

Review of x-ray, lumbosacral spine taken on 11/18/2015 at IN-OFFICE ORDER shows:  Lumbar Spine: Radiographic Findings: evidence of osteoarticular abnormality; no acute findings, no fractures seen.  sent to radiology for overread; This study is being ordered for trauma or injury.; 10/31/2015; It is not known if there has been any treatment or conservative therapy.; PAIN FOLLOWING A FALL

Radiology Services Denied Not Medically Necessary

Tenderness of cervical spine, mid-thoracic spine, lumbar spine and left hip. Pain and numbness radiates to lower extremities. Positive straight leg lift. Pain on rotation of left hip. Decreased range of motion. Pain interferes with activities of daily liv; This study is being ordered for trauma or injury.; 11/12/2015; There has been treatment or conservative therapy.; Tenderness of cervical spine, mid-thoracic spine, lumbar spine and left hip. Pain and numbness radiates to lower extremities. Positive straight leg lift. Pain on rotation of left hip. Decreased range of motion.; patient was seen at ER. Was given muscle relaxers and pain meds

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.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Lower back pain and abdominal cramps.

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.

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

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.; 8/2015; There has been treatment or conservative therapy.; back pain, radiculopathy; PT, medications

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/24/2015; There has not been any treatment or conservative therapy.; grapefruit size mass, he wakes up complaining of back pain.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Medical notes said "years"; There has been treatment or conservative therapy.; (Lumbar Spine MRI) lower back pain, radiating down left thy and back café.;#x0D; (chest CT) Nodular in upper left chest; Medications/ Back Brace/ PT/

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.; 11/19/2015; There has been treatment or conservative therapy.; lumbar pain with pain down right leg, burning on the right leg and worsening weakening on the right leg; pain medication

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.

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.

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

Radiology Services Denied Not Medically Necessary

; This study is 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.; C-spine tenderness and pain with numbness and tingling to bilateral upper extremities, decreased strength. Hx of diffuse disc bulge in c-spine and l-spine. Previous spinal epidural injections. Lumbar back pain with radiculopathy to left side and neuropat; Pt has done PT for left hip and lumbago. She has used Aleve 2 tablets daily x 4 weeks, taking Lyrica 75mg daily for pain.

Radiology Services Denied Not Medically Necessary

; This study is being 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.; GENERALIZED BACK PAIN  ELEVATED AMYLASE AND LIPASE  20 POUND WEIGHT LOSS IN SIX MONTHS

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; abnormal scans; 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

Radiology Services Denied Not Medically Necessary

abnormal xray; 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

Radiology Services Denied Not Medically Necessary

ATV ACCIDENT 2 YRS AGO,NORMAL CT AT THAT TIME-11/05/2013,DECREASED SENSATIONS IN THIGHS SINCE ATV ACCIDENT,PAIN IS OFF AND ON,OTC ANTIINFLAMMATORY MEDS:NO NARCOTICS  R/O:HNP AND FURTHER EVAL OF PAIN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Concerning low back pain, the location is primarily in the upper and mid lumbar spine. The pain radiates to the thighs. She characterizes it as moderate in intensity, dull, and throbbing. This is a chronic problem, with essentially constant pain. 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 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.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In U nknown If No Info Given.  patient has severe mid and low back pain which radiates down legs causing difficulty walking sitting or standing. has tried muscle relaxers, steroids, nsaid and physical therapy without relief; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

fall off ladder, on relief on pain; This study is being ordered for trauma or injury.; 6/17/2015; There has been treatment or conservative therapy.; Lower back to R hip and buttock and leg and foot; xray- PAIN MEDS- muscle relaxers - jt stiffness; crepitus; radicular leg pain; intermittent claudication; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

LEFT SIDED LOW BACK PAIN WITH LEFT SIDED SCIATICA,RADIATING BACK PAIN TO LEFT SIDE,USED OVER THE COUNTER MEDS LIKE TYLENOL AND IBUPROFEN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

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.; left leg weakness after pain into 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.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a neurological disorder.; 2013; There has not been any treatment or conservative therapy.; Neck pain with tingling down the arm. There is tingling in both legs.

Radiology Services Denied Not Medically Necessary

PAIN IN LEGS,; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient had x-rays done that showed osteophytes at L3 and L4 with degenerative changes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Back and leg pain.

Radiology Services Denied Not Medically Necessary

patient has been having back and neck pain for quite some time. Had physical therapy for neck pain from July to September this year, without much change that she can tell. Had xrays of lumbar spine in April - showed : Mild arthritic change involves the a; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient was in a motor vehicle accident in June and has had another motor vehicle accident and the pain has gotten worse.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pin down left leg 2 month of pain 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

Radiology Services Denied Not Medically Necessary

Px discomfort on sitting, standing, lifting; This study is being ordered for a neurological disorder.; june 4, 2015; There has been treatment or conservative therapy.; Pain radiculopathy; OTC meds Medication relaxants PT

Radiology Services Denied Not Medically Necessary

radicular pain to left leg; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; radicular pain to 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.

Radiology Services Denied Not Medically Necessary

Review of x-ray, lumbosacral spine taken on 11/18/2015 at IN-OFFICE ORDER shows:  Lumbar Spine: Radiographic Findings: evidence of osteoarticular abnormality; no acute findings, no fractures seen.  sent to radiology for overread; This study is being ordered for trauma or injury.; 10/31/2015; It is not known if there has been any treatment or conservative therapy.; PAIN FOLLOWING A FALL right leg nueropathy; 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

Radiology Services Denied Not Medically Necessary

Right side sciatica with npain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above seen in office 10/19/15 complaining of pain in low back and tailbone area. Says he has had this for years, but is worsening. Has difficulty at night when he lies down. Has been seen in the ER several times for this problem. Has tried different medicati; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years of pain; There has been treatment or conservative therapy.; pain in low back and sacral area; tramadol, aleve, home exercises

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

sharp, stabbing pain in her 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.; 09/28/2015; There has been treatment or conservative therapy.; rheumatoid arthritis numbness, tingling, headaches, sleep disturbance, pain radiating into her legs; anti inflammatory, muscle relaxers

Radiology Services Denied Not Medically Necessary

Tenderness of cervical spine, mid-thoracic spine, lumbar spine and left hip. Pain and numbness radiates to lower extremities. Positive straight leg lift. Pain on rotation of left hip. Decreased range of motion. Pain interferes with activities of daily liv; This study is being ordered for trauma or injury.; 11/12/2015; There has been treatment or conservative therapy.; Tenderness of cervical spine, mid-thoracic spine, lumbar spine and left hip. Pain and numbness radiates to lower extremities. Positive straight leg lift. Pain on rotation of left hip. Decreased range of motion.; patient was seen at ER. Was given muscle relaxers and pain meds

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.

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

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)

Radiology Services Denied Not Medically Necessary

Trauma, to right hip, pain with straight leg rise; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Lower back pain and abdominal cramps.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; Unknown, wreck was a few years back per pt, and September of 2015 pt states she was in another wreck and has had back pain, neck pain as a result; There has been treatment or conservative therapy.; patient has h/o chronic back pain he had surgery on the lower back few yrs ago with which she had good relief . she had an accident in sept of this yr and injured her back and since then she has been having pain from her back shooting down to the back of ; Mobic, for pain. Pt has had back surgery in the past,

Radiology Services Denied Not Medically Necessary

weakness, muscle spasms low back and legs, decreased reflex bilateral knees and ankles; The study requested 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 complaining of weakness,pain low back, muscle spasms in back and legs, bilateral leg numbness  physical exam by doctor_ muscle spasms low back and legs decreased reflex in bilateral knees and ankles; 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.

Radiology Services Denied Not Medically Necessary

x-ray was normal but patient still having pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.

Radiology Services Denied Not Medically Necessary

; This study is 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 not been any treatment or conservative therapy.; Bilateral shoulder pain for 6+ months, low back pain with pain radiating down left hip and leg alone with numbness.

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.;
left shoulder pain and painful range of motion, Pt unable to elevate are above shoulder level; 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.

Radiology Services Denied Not Medically Necessary

Pain and weakness increasing.; This study is being ordered for trauma or injury.; 05/30/2015; There has been treatment or conservative therapy.; pain, burning, weakness; Injections, OTC NSAIDS, wrist braces

Radiology Services Denied Not Medically Necessary

rotator cuff or head injury in the shoulder; This study is being ordered for Inflammatory/ Infectious Disease.; 4 years; There has been treatment or conservative therapy.; pain; pt home exercise xray

Radiology Services Denied Not Medically Necessary

Severe left shoulder pain, numbness radiating down arm, numbness running up left side of, R/O rotator tear. She is on steroids, and its getting worst; 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.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; right shoulder pain. Rule out rotator cuff tear. X-ray was normal.; hunting in Colorado a month ago, got thrown from a horse and has had right shoulder pain since. Hard to lift and reach behind back and above horizontal. No CP.

Radiology Services Denied Not Medically Necessary

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."; Suspected rotator cuff tear.

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.;

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.

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.;

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.; c/o right shoulder pain. states it started hurting a few months ago but is getting worse. with limited ROM

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 going on for 2 years , decreased range of motion

Radiology Services Denied Not Medically Necessary

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.; Shoulder x ray describes tendon calcium

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 been treated with and failed a course of four weeks of supervised physical therapy.

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.

Radiology Services Denied Not Medically Necessary

weakness; decreased 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.; outcome: no relief; duration: 7 wks; The patient received oral analgesics.

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.; 10/22/2015; There has been treatment or conservative therapy.; bad pain in the left foot; pain medicine

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.;

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a neurological disorder.; 06/01/2015; There has been treatment or conservative therapy.; falls; back pain radiculopathy; MEDICATION; PT ; WALKER ;CAIN

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for a neurological disorder.; 11/05/2015; There has not been any treatment or conservative therapy.; Back pain radiculopathy

Radiology Services Denied Not Medically Necessary

office visit 10/1/15 for left knee pain. Has had knee problems for years, but fell off step 2 days ago. Had Xray done in Tulsa at a convenient care. given Mobic and Norco; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

Radiology Services Denied Not Medically Necessary

rotator cuff  or head injury in the shoulder; This study is being ordered for Inflammatory/ Infectious Disease.; 4 years; There has been treatment or conservative therapy.; pain; pt home exercise xray

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; 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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

Radiology Services Denied Not Medically Necessary

Tenderness of cervical spine, mid-thoracic spine, lumbar spine and left hip. Pain and numbness radiates to lower extremities. Positive straight leg lift. Pain on rotation of left hip. Decreased range of motion. Pain interferes with activities of daily liv; This study is being ordered for trauma or injury.; 11/12/2015; There has been treatment or conservative therapy.; Tenderness of cervical spine, mid-thoracic spine, lumbar spine and left hip. Pain and numbness radiates to lower extremities. Positive straight leg lift. Pain on rotation of left hip. Decreased range of motion.; patient was seen at ER. Was given muscle relaxers and pain meds

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.

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

Radiology Services Denied Not Medically Necessary

No; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/6/2015; There has not been any treatment or conservative therapy.; Pt c/o weakness of legs and arms non functional.

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

seen in our office for 1st time 12/22/15 - moved to the area recently. Has a history of benign adrenal tumor (biopsied in July 2006). Reports unilateral adrenalectomy - needs f/u; 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.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed.

Yes, this is a request for CT Angiography of the abdomen.

- unexplained weight loss; - hep C; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/11/2015; It is not known if there has been any treatment or conservative therapy.; weight loss, cough and ; abdominal pain

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.

Radiology Services Denied Not Medically Necessary

eval for possible hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

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 performed.; The results of the exam were abnormal.

Radiology Services Denied Not Medically Necessary

rectal exam was attempted but was too painful to continue; This is a request for an abdomen-pelvis CT combination.; This study is being 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.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

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.; abd pain with blood in stool unresolved with bentyl

Radiology Services Denied Not Medically Necessary

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.; Pt having pain that wakes him up; having for many years, worse lately; goes through to the back; further evaluation of symptoms; Pt is being referred to a gastroenterologist

Radiology Services Denied Not Medically Necessary

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.; ABD pain, irregular bowel movements, renal colic and tenderness on examination.

Radiology Services Denied Not Medically Necessary

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.; L inguinal Hernia

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;

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>

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, fatigue

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 complains of abdominal pain and cramping for many months. Patient complains of quality, dull, aching cramping, spasmodic, pt also complains of constipation and able to pass flatus. Generalized LLQ, LUQ left side, symptoms made worse with constipat

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 experiencing acute abdominal pain; Review of Systems include: Gastrointestinal - Abdominal Pain, constipation, diarrhea, dyspepsia and nausea, but s noted in HPI, no bowel habit change, no dysphagia, no hematochezia, no hemorrhoids, no melena and no

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 feels like her blood vessels are cramping up. Experiencing intermittent abdominal pain described as 10 out of 10 pain. Also reports abdominal bloating, night sweats and chills

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; severe abdominal, pelvic pain.

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

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; left side pain, radiating into flank area,

Radiology Services Denied Not Medically Necessary

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;

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 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."; R/O adrenal tumor per elevated labs

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.; epigastric pain. He does have a history of peptic ulcer disease with GI bleeding

Radiology Services Denied Not Medically Necessary

seen in office 10/19/15 complaining of pain in low back and tailbone area. Says he has had this for years, but is worsening. Has difficulty at night when he lies down. Has been seen in the ER several times for this problem. Has tried different medicati; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years of pain; There has been treatment or conservative therapy.; pain in low back and sacral area; tramadol, aleve, home exercises

Radiology Services Denied Not Medically Necessary

This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.

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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

; The patient is not diabetic.; The patient is less than 45 years old.; 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).

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.; 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's age is between 45 and 64.; 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).

Radiology Services Denied Not Medically Necessary

based on his panel CT calcium score, showed a calcified coronary mass; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

Calcium scoring test was 774. stress test to evaluate risk level; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

chest pain, leg 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

diabetic patient that smokes having chest pain; needs to have nuclear medicine stress test for evaluation; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

hypertension, shortness of breath, family history of heart disease, and borderline 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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

I subsequently ordered an echocardiogram and a revealed surprisingly an EF of 30 to 35%, moderate mitral valve regurgitation and mitral valve prolapse. The patient had no previous cardiac studies, was unaware of any type of heart murmur.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

Left arm pain with exertion, family history of heart disease; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

patient had an abnormal ekg; 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's age is between 45 and 64.; 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.

Radiology Services Denied Not Medically Necessary

Patient is having chest tightness; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

Patient is having heaviness in chest.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Radiology Services Denied Not Medically Necessary

Patient is having unspecified chest pain.; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Radiology Services Denied Not Medically Necessary

Pt has chest pain and nausea; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

seen in office 11/16/15 to discuss calcium score of 698. Majority of calcium is in LAD. Patient is a former smoker with a 30 pack year history. Patient is complaining of worsening dyspnea on exertion. provider would like a Nuclear MEDicine Myocardial test; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

seen in office 11/2/15 -had elevated BP for 1st time at 168/96. Has hyperlipidemia. Seen again 12/2/15 - BP 146/75, had irregularly irregular heart rate. No appreciable murmurs, rubs or galls. Radial pulses irregular bilaterally. EKG done - has A-fib w/; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

The patient presents today with fatigue. He really is not sleeping well. He just starting to use the CPAP. He states by the time he gets to work, he has to lay down about 8:30. He has a history of rectus sheath pain and tenderness diagnosed in Mayo Clinic; 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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease

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.

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.; 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.

Radiology Services Denied Not Medically Necessary

UNKNOWN; This request is for a Low Dose CT for Lung Cancer Screening (S8032); No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.
Yes, this is a request for CT Angiography of the Neck.

follow up on lung nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

UNK; 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.

; The study requested 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.

; The study requested 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.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

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."

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.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) 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 did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms of Lung Cancer.

patient has tuberous sclerosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/20/2013; There has been treatment or conservative therapy.; seizures, epilepsy; patient has been on various medications

This request is for a Brain MRI; The study is NOT being requested 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.

R shoulder pain, evaluate the diaphragm,; 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

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 evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.

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

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

patient has tuberous sclerosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/20/2013; There has been treatment or conservative therapy.; seizures, epilepsy; patient has been on various medications

This is a request for a MR Angiogram of the abdomen.

Radiology Services Denied Not Medically Necessary

swelling on the side of the head MDO suspects a mass; This request is for 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).

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.; May 2015; There has been treatment or conservative therapy.; Sensation and numbness to head and upper extremities, headaches, vision disturbance, ringing in ears.; Medication, adjustments, initiation of vitamin B therapy,

Radiology Services Denied Not Medically Necessary

Left arm pain and pt is on dialysis 6 days a week.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/31/2015; It is not known if there has been any treatment or conservative therapy.; Chronic back and neck pain

Radiology Services Denied Not Medically Necessary

Left arm pain and pt is on dialysis 6 days a week.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/31/2015; It is not known if there has been any treatment or conservative therapy.; Chronic back and neck pain

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.; May 2015; There has been treatment or conservative therapy.; Sensation and numbness to head and upper extremities, headaches, vision disturbance, ringing in ears.; Medication, adjustments, initiation of vitamin B therapy,

; 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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.; 2007; There has been treatment or conservative therapy.; Severe pain, numbness, tingling, weakness.; Injections, medications including hydrocodone, Tylenol, ibuprofen, gabapentin, meloxicam, methocarbamol, topiramate.

; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; follow after surgery; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Follow-up after resection of a left periventricular brain lesion.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Large tumor too large to be treated with radiation; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

none; 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."; The study is requested for recent head trauma or injury.

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.

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2014; There has not been any treatment or conservative therapy.; Headache,

Patient is post-op from his transsphenoidal resection of his sellar mass on 12/01/15. We are following up with him to confirm that there is no acute changes with the resection site.; This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is not a evaluation for a bone tumor or abnormality of the skull.; The study is requested for known or suspected brain tumor, mass or cancer.

Patient presented on 11/17/15 for her standard two month post op follow up. The patient was doing well after surgery. She was continuing to have occasional mild headaches and short term memory loss which is to be expected after subarachnoid hemorrhage. He; 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."; The study is requested for headache.

Patient suffered a recent fall and was seen in emergency room and found to have a subdural hematoma. This is followup scan to make sure the hematoma has resolved.; 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."; The study is requested for recent head trauma or injury. recent avm resection with post op wound drainage s/s potential infection; This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is not a evaluation for a bone tumor or abnormality of the skull.; The study is requested for known or suspected brain tumor, mass or cancer.

Reevaluate a right frontal contusion with loss of consciousness; 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."; The study is requested for recent head trauma or injury.

She has a history of Ehlers-Danlos disease. She also has a history of a Chiari malformation. Basically from her Chiari malformation in her neuromuscular problems related to this, she has been wheelchair bound for the last 2 years. However, she has had ; This study is being ordered for trauma or injury.; 2001; There has been treatment or conservative therapy.; She has a history of Ehlers-Danlos disease. She also has a history of a Chiari malformation. Basically from her Chiari malformation in her neuromuscular problems related to this, she has been wheelchair bound for the last 2 years. However, she has had ; NSAIDS, PHYSICAL THERAPY, INJECTIONS, OXYCODONE

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."; The study is requested for recent head trauma or injury.

This is a request for a brain/head CT.; The study is requested for history of stroke, (CVA) known or follow-up.

This is a request for a brain/head CT.; The study is requested for Hydrocephalus or congenital abnormality.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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."; The study is requested for headache.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"
"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"

< 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.

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.

; This study is being ordered for Vascular Disease.; ; It is not known if there has been
any treatment or conservative therapy.;

Large tumor too large to be treated with radiation; This study is being ordered for a
metastatic disease.; There are 2 exams are being ordered.; One of the studies being
ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted
CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Preoperative testing for craniotomy scheduled for October 22, 2015.; This study is
being ordered for Vascular Disease.; 06/03/2015; There has not been any treatment or
conservative therapy.; Expressive aphasia, cognitive impairment

Yes, this is a request for CT Angiography of the brain.

; This study is being ordered for Vascular Disease.; ; It is not known if there has been
any treatment or conservative therapy.;

Preoperative testing for craniotomy scheduled for October 22, 2015.; This study is being ordered for Vascular Disease.; 06/03/2015; There has not been any treatment or conservative therapy.; Expressive aphasia, cognitive impairment
Yes, this is a request for CT Angiography of the 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.; several years ago(prior to 2013); There has been treatment or conservative therapy.; back pain, radiating into lower extremities; neck pain; physical therapy; medication; chiropractor

CONTINUED EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2013; There has been treatment or conservative therapy.; HISTORY OF PLEXIFORM NEUROFIBROMA AND NEUROFIBROMATOSIS TYPE 1; FRONTAL ORBITAL ADVANCEMENT, ORBITAL EXENTERATION AND RESECTION OF TUMOR FROM THE CAVERNOUS SINUS

EVALUATION OF DEVELOPMENTAL VENOUS ANOMALY; This study is being ordered for Congenital Anomaly.; 10/17/2013; There has not been any treatment or conservative therapy.; SEIZURES, BLACKING OUT SPELLS, STARING SPELLS,

OPHTHAMOLOGY CHANGES - HEADACHE.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Pt has tried some PT for the spine which did not work; This study is being ordered for trauma or injury.; 2 years ago; There has been treatment or conservative therapy.; Pt has headaches/ vision changes/ neck pain/ imbalance/ poor bladder emptying/ joint and muscle aches/ dizziness/ throbbing stabbing pain in the head; Medications

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.

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.

There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.

This is a post op evaluation of known Intracerebral hemorrhage/arteriovenous malformation; This study is being ordered for Vascular Disease.; May 2015; There has been treatment or conservative therapy.; Dizziness, lightheadedness, left arm/leg weakness; Craniotomy/microsurgical resection in August 2015. The exam Dr. Krisht is ordering now is a follow up to that surgery.

The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; It is unknown if this study is being ordered as a 12 month annual follow up.

< 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 physician is not a hematologist/ oncologist.
; This request is for 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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 was not completed.; The patient is experiencing vertigo

; 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 12/4/2007; There has been treatment or conservative therapy.; Weakness, falls, blurred vision, severe headaches, severe back pain, dizziness.; Brain surgery 11/18/13. Medications over the counter and prescription, physical therapy.

; This study is being ordered for a neurological disorder.; Patient says this has been going on for 30 years. First seen here 4/29/13.; There has been treatment or conservative therapy.; Sharp shooting constant pain and weakness. Post lumbar discectomy and craniotomy.; PT in the past. Medications including ibuprofen, Tylenol, Lasix, Valium, Baclofen, Tripleptal, Topomax, Gabapentin, Percocet.

; This study is being ordered for a neurological disorder.; Patient started having headaches since 2010.; There has been treatment or conservative therapy.; weakness, dizziness, falls, headaches; Patient is postop craniectomy,

; This study is being ordered for a neurological disorder.; Patient states 6 years.; There has been treatment or conservative therapy.; weakness, falls, pain, unsteady gait, numbness, blurred vision.; Physical therapy and medication including gabapentin and propranolol.

; This study is being ordered for a neurological disorder.; Patient states this has been going on for about 6 years.; There has been treatment or conservative therapy.; 37 year old femal with a host of symptoms including occ double vision, clicking in right ear, suboccipital headacehes to right side of body exacerbated by Valsalva, occasion slurred speech, difficulty swallowing, difficulty with fine movement right hand, ; Physical therapy does not help. Medication including hydrocodone and gabapentin does not help.

; This study is being ordered for Congenital Anomaly.; 8/19/2010; There has been treatment or conservative therapy.; HEADACHES; BONY DECOMPRESSION POST PARTIAL THICKNESS DURAPLASTY 2010, REPEAT CHIARI DECOMPRESSION WITH INTRADURAL EXPLORATION, CEREBELLAR TONSILLAR SHRINKAGE AND DURAPLASTY 6/24/15.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/04/2015; There has been treatment or conservative therapy.; h/a; thoracic pain and lbp; pain radiates to the rt leg; tingling and numbness; muscle relaxer and Mobic; otc tylenol

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; Severe pain, numbness, tingling, weakness.; Injections, medications including hydrocodone, Tylenol, ibuprofen, gabapentin, meloxicam, methocarbamol, topiramate.

10/19/15 Scelitta Porter presents today with basically pain all over. She last had a microdisectomy per Dr. Willis on April 15th and did not make any of her followup appointments. She reports increased instability with her gait. She has fallen multipl; This study is being ordered for a neurological disorder.; 10/19/15; There has been treatment or conservative therapy.; INSTABILITY WITH GAIT, palpable mass to the left chest wall, NECK PAIN, FALLEN SEVERAL TIMES; ESI INJECTIONS, HOME EXERCISE, MEDICATIONS,
2 YEAR FOLLOW UP IN MEMBER WITH HISTORY OF ANAPLASTIC EPENDYMOMA OF THE POSTERIOR FOSSA.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

9 YEAR OLD WITH HISTORY OF CHIARI I MALFORMATION, HAVING HEADACHES WITH EXERCISE, COUGHING AND SNEEZING, HEADACHES HAVE PROGRESSED IN NATURE, HAVING NECK PAIN, ALSO HAS STARTED SNORING, MRI RECOMMENDED TO EVALUATE THE CHIARI AND TO LOOK FOR ANY SYRINX OR ; This study is being ordered for Congenital Anomaly.; 7/7/2008; There has not been any treatment or conservative therapy.; 9 YEAR OLD WITH HISTORY OF CHIARI I MALFORMATION, HAVING HEADACHES WITH EXERCISE, COUGHING AND SNEEZING, HEADACHES HAVE PROGRESSED IN NATURE, HAVING NECK PAIN, ALSO HAS STARTED SNORING, MRI RECOMMENDED TO EVALUATE THE CHIARI AND TO LOOK FOR ANY SYRINX OR
Abnormal findings on prior imaging along with abnormal symptoms. R/O arachnoidcoele/hydrocephalitis/ac malformation; This study is being ordered for Congenital Anomaly.; 9/01/2014; There has been treatment or conservative therapy.; Low back pain, abnormalities on prior imaging.; Physical therapy, brace, prescription therapy
ANNUAL FOLLOW UP OF CHIARI I MALFORMATION; This study is being ordered for Congenital Anomaly.; 8/5/2013; There has not been any treatment or conservative therapy.; CHIARI I MALFORMATION AND GROWTH HORMONE DEFICIENCY, HEADACHES

ANNUAL FOLLOW UP TO SEE IF SURGICAL INTERVENTION IS NEEDED; This study is being ordered for Congenital Anomaly.; 11/18/2011; There has not been any treatment or conservative therapy.; SNORING, DIFFICULTY INITIATING AND MAINTAINING SLEEP, GASTROSOPHAGEAL REFLUX, EOSINOPHILIC ESOPHAGITIS

CONTINUED EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2013; There has been treatment or conservative therapy.; HISTORY OF PLEXIFORM NEUROFIBROMA AND NEUROFIBROMATOSIS TYPE 1; FRONTAL ORBITAL ADVANCEMENT, ORBITAL EXENTERATION AND RESECTION OF TUMOR FROM THE CAVERNOUS SINUS

EVALUATION OF DEVELOPMENTAL VENOUS ANOMALY; This study is being ordered for Congenital Anomaly.; 10/17/2013; There has not been any treatment or conservative therapy.; SEIZURES, BLACKING OUT SPELLS, STARING SPELLS, none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2014; There has not been any treatment or conservative therapy.; Headache, Patient had microdissection of pituitary microadenoma on 9-11-15.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Patient has hydrocephalus; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

patient has known glioblastoma; 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.

Patient sustained an epidural hematoma after a fall in October. We need to monitor the size of the epidural hematoma.; This request is for 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).

pt has cyst on her brain, she got pregnant and had to put off the MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; 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).

Pt is coming for a two year follow up of a cerebral meningioma that was found incidentally while she was being worked up for stroke-like symptoms in 2012. Her last MRI was done 6/2012; 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.

pt with known chiari malformation-having increased headaches, dizziness and has hx of swallowing problems. need mri brain and c spine.; This study is being ordered for Congenital Anomaly.; February 2014 approximately; There has not been any treatment or conservative therapy.; headache and dizziness

R/O AVM of brain due to Sturge Weber Syndrome.  Neck/Upper back pain radiating to the bilateral UE. Bilateral hand/arm/finger numbness.; This study is being ordered for a neurological disorder.; March 2015; There has been treatment or conservative therapy.; neck pain radiating to upper back, bilateral hand/arm/finger numbness. R/O AVM of brain due to sturge Weber syndrome.; Physical therapy, dorsal spine injections

She has a history of Ehlers-Danlos disease. She also has a history of a Chiari malformation. Basically from her Chiari malformation in her neuromuscular problems related to this, she has been wheelchair bound for the last 2 years. However, she has had ; This study is being ordered for trauma or injury.; 2001; There has been treatment or conservative therapy.; She has a history of Ehlers-Danlos disease. She also has a history of a Chiari malformation. Basically from her Chiari malformation in her neuromuscular problems related to this, she has been wheelchair bound for the last 2 years. However, she has had ; NSAIDS, PHYSICAL THERAPY, INJECTIONS, OXYCODONE

This is a post op evaluation of known Intracerebral hemorrhage/arteriovenous malformation; This study is being ordered for Vascular Disease.; May 2015; There has been treatment or conservative therapy.; Dizziness, lightheadedness, left arm/leg weakness; Craniotomy/microsurgical resection in August 2015. The exam Dr. Krisht is ordering now is a follow up to that surgery.

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.

This 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.

This request is for 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.

This request is for 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.

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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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

This request is for a Brain MRI; The study is NOT 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.

This request is for a Brain MRI; The study is NOT 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.

This request is for a Brain MRI; The study is NOT 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.

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 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.

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.

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.

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.

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 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.

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.

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.

"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.

"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.

"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.

10/19/15 Scelitta Porter presents today with basically pain all over. She last had a microdiscectomy per Dr. Willis on April 15th and did not make any of her followup appointments. She reports increased instability with her gait. She has fallen multiple; This study is being ordered for a neurological disorder.; 10/19/15; There has been treatment or conservative therapy.; INSTABILITY WITH GAIT, palpable mass to the left chest wall, NECK PAIN, FALLEN SEVERAL TIMES; ESI INJECTIONS, HOME EXERCISE, MEDICATIONS,

The ordering physician 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.

R/U BIAL COMPLEX; 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.

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 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.

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

; 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.

BOTH ARE PART OF MYELOGRAMS; This study is being ordered for a neurological disorder.; JUNE 2015; There has been treatment or conservative therapy.; RADICULOPATHY WITH NUMBNESS AND TINGLING TO BILATERAL UPPER AND LOWER EXTREMITIES; ESI INJECTIONS, PHYSICAL THERAPY, HOME EXERCISE, MEDICATIONS

cervical spinal stenosis. MOD is considering 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.; 9/1/2015; There has been treatment or conservative therapy.; Neck pain, radiculopathy, numbness bi lateral upper extremities; Patient has had anti inflammatory, Supervised physical therapy, NSAIDS

doctor ordered a ct to see more of the bone and previous hardware.; 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.

Evaluation of a 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.

Pain; This study is being ordered for a neurological disorder.; 1991; There has not been any treatment or conservative therapy.; Facial spasm

part of a myelogram; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; neck pain radiating into Left upper extremity with weakness on left side and numbness and tingling; Physical Therapy with no relief, Epidural Steriod Injections, pain management

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...

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.

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.

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.

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.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 9/9/15; There has been treatment or conservative therapy.; SPONDYLOSIS WITH RADICULOPATHY TO BILATERAL LOWER EXTREMITIES; HOME EXERCISE, MEDICATIONS

; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

LUMBAR AND THORACIC CT STATUS POST MYELOGRAM TO BETTER DELINEATE IF THE L4-L5 LEVEL IS THE POSSIBLE ETIOLOGY.; This study is being ordered for a neurological disorder.; 05/19/14; There has been treatment or conservative therapy.; INCREASING PAIN IN MID BACK AND LOWER BACK THAT RADIATES RIGHT HIP AND DOWN RIGHT LEG; PATIENT HAS HAD PHYSICAL THERAPY AND INJECTIONS ALSO HAS HAD A LAMINECTOMY AND FUSION AT THE T3-T5

part of a myelogram; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; neck pain radiating into Left upper extremity with weakness on left side and numbness and tingling; Physical Therapy with no relief, Epidural Steriod Injections, pain management

Patient was in an MVA 13 Months ago. Additional information: He had a L1-L5 pedicle screw fixation after the MVA and left multiple left leg surgeries. Since surgery he has had an increase of pain with radicular pain. It occurs persistently. Location of pai; This study is being ordered for a neurological disorder.; 13 months; There has not been any treatment or conservative therapy.; Pain is radiated to the right thigh and right lateral thigh. The patient describes the pain as an ache, burning, discomforting and throbbing. Associated symptoms include limping, numbness in the left calf/foot, tingling in the legs and stiffness

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.

These are needed to view the stability of previous fusion at the T12 L1 level.; This study is being ordered for a neurological disorder.; 09/18/2014; There has been treatment or conservative therapy.; Chronic weakness distally in the right lower extremity with severe back pain in the right lower back. Previous fusion at T12 L1 level.; Patient wears an AFO brace for his right lower extremity weakness.

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 9/9/15; There has been treatment or conservative therapy.; SPONDYLOSIS WITH RADICULOPATHY TO BILATERAL LOWER EXTREMITIES; HOME EXERCISE, MEDICATIONS

; This study is being ordered for a neurological disorder.; Since 2006; It is not known if there has been any treatment or conservative therapy.; Weakness, falls, requires cane for ambulation.The pain radiates from the midline at the lumbosacral junction and out into the left buttock, down the posterior thigh to the knee. He has numbness and tingling into the left foot particularly the lateral 3 to

; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

BOTH ARE PART OF MYELOGRAMS; This study is being ordered for a neurological disorder.; JUNE 2015; There has been treatment or conservative therapy.;
RADICULOPATHY WITH NUMBNESS AND TINGLING TO BILATERAL UPPER AND LOWER EXTREMITIES; ESI INJECTIONS, PHYSICAL THERAPY, HOME EXERCISE, MEDICATIONS

cervical spinal stenosis. MOD is considering 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.; 9/1/2015; There has been treatment or conservative therapy.; Neck pain, radiculopathy, numbness bi lateral upper extremities; Patient has had anti inflammatory, Supervised physical therapy, NSAIDS

LUMBAR AND THORACIC CT STATUS POST MYELOGRAM TO BETTER DELINEATE IF THE L4-L5 LEVEL IS THE POSSIBLE ETIOLOGY.; This study is being ordered for a neurological disorder.; 05/19/14; There has been treatment or conservative therapy.; INCREASING PAIN IN MID BACK AND LOWER BACK THAT RADIATES RIGHT HIP AND DOWN RIGHT LEG; PATIENT HAS HAD PHYSICAL THERAPY AND INJECTIONS ALSO HAS HAD A LAMINECTOMY AND FUSION AT THE T3-T5

Patient was in an MVA 13 Months ago. Additional information: He had a L1-L5 pedicle screw fixation after the MVA and left multiple left leg surgeries. Since surgery he has had an increase of pain with radicular pain. It occurs persistently. Location of pain; This study is being ordered for a neurological disorder.; 13 months; There has not been any treatment or conservative therapy.; Pain is radiated to the right thigh and right lateral thigh. The patient describes the pain as an ache, burning, discomforting and throbbing. Associated symptoms include limping, numbness in the left calf/foot, tingling in the legs and stiffness

These are needed to view the stability of previous fusion at the T12 L1 level.; This study is being ordered for a neurological disorder.; 09/18/2014; There has been treatment or conservative therapy.; Chronic weakness distally in the right lower extremity with severe back pain in the right lower back. Previous fusion at T12 L1 level.; Patient wears an AFO brace for his right lower extremity weakness.

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.

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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

< 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 hands; 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.

< 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.

< 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 physician is not a hematologist/ oncologist.

< 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 physician is not a hematologist/ oncologist.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 02/12/15; There has been treatment or conservative therapy.; severe upper extremity neck pain radiating bilaterally, weakness on upper and lower, severe right hip pain; meds hydrocodone, ibuprofen ,valium ,flexeril

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/1/2014; There has been treatment or conservative therapy.; Pain with radiculopathy, numbness, tingling.; Surgery in both areas and steroid injections. anti inflammatory.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/15/15; There has been treatment or conservative therapy.; gait/unable to walk/numbness and tingling in both arms; medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; mediccations; anti-inflammatories

; This is a 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.

; This is a request for 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 metastatic disease.; There are 5 or more exams are being ordered.

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 4/2015; There has been treatment or conservative therapy.; ; PHYSICAL THERAPY, HOME EXERCISE AND ESI INJECTIONS

; This study is being ordered for a neurological disorder.; Patient says this has been going on for 30 years. First seen here 4/29/13.; There has been treatment or conservative therapy.; Sharp shooting constant pain and weakness. Post lumbar discectomy and craniotomy.; PT in the past. Medications including ibuprofen, Tylenol, Lasix, Valium, Baclofen, Tripleptal, Topomax, Gabapentin, Percocet.

; This study is being ordered for a neurological disorder.; Patient started having headaches since 2010.; There has been treatment or conservative therapy.; weakness, dizziness, falls, headaches; Patient is postop craniectomy,

; This study is being ordered for a neurological disorder.; Patient states 6 years.; There has been treatment or conservative therapy.; weakness, falls, pain, unsteady gait, numbness, blurred vision.; Physical therapy and medication including gabapentin and propranolol.

; This study is being ordered for Congenital Anomaly.; 09/20/2014; There has been treatment or conservative therapy.; FEET ARE TURNING IN; MYELOMENINGOCELE CLOSURE, EVALAUTION NEEDED TO RULE OUT TETHERED CORD

; This study is being ordered for Congenital Anomaly.; 12/16/2013; There has been treatment or conservative therapy.; HAS PFEIFFER SYNDROME, CRANIOSYNOSTOSIS, CHIARI I MALFORMATION; MULTIPLE SUTURE CRANIOSYNOSTOSIS, MULTIPLE CRANIOPLASTY PROCEDURES TO CORRECT HIS HEAD SHAP DUE TO INCREASED ICP, UNDERWENT BILATERAL OPTIC NERVE CANAL DECOMPRESSION.

; This study is being ordered for Congenital Anomaly.; 8/19/2010; There has been treatment or conservative therapy.; HEADACHES; BONY DECOMPRESSION POST PARTIAL THICKNESS DURAPLASTY 2010, REPEAT CHIARI DECOMPRESSION WITH INTRADURAL EXPLORATION, CEREBELLAR TONSILLAR SHRINKAGE AND DURAPLASTY 6/24/15.

; This study is 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.;;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2014; It is not known if there has been any treatment or conservative therapy.; Neck pain that has become progressive/Turning head produces significant pain.; Back pain with inability to sit in car for very long/constanly shifting weight

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; Severe pain, numbness, tingling, weakness.; Injections, medications including hydrocodone, Tylenol, ibuprofen, gabapentin, meloxicam, methocarbamol, topiramate.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; January 2013; There has been treatment or conservative therapy.; neck pain with stiffness and back pain with leg symptoms; Physical therapy as well as chiropractic care

10/19/15 Scelitta Porter presents today with basically pain all over. She last had a microdiscectomy per Dr. Willis on April 15th and did not make any of her followup appointments. She reports increased instability with her gait. She has fallen multipl; This study is being ordered for a neurological disorder.; 10/19/15; There has been treatment or conservative therapy.; INSTABILITY WITH GAIT, palpable mass to the left chest wall, NECK PAIN, FALLEN SEVERAL TIMES; ESI INJECTIONS, HOME EXERCISE, MEDICATIONS,

2 YEAR FOLLOW UP IN MEMBER WITH HISTORY OF ANAPLASTIC EPENDYMOMA OF THE POSTERIOR FOSSA.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

9 YEAR OLD WITH HISTORY OF CHIARI I MALFORMATION, HAVING HEADACHES WITH EXERCISE, COUGHING AND SNEEZING, HEADACHES HAVE PROGRESSED IN NATURE, HAVING NECK PAIN, ALSO HAS STARTED SNORING, MRI RECOMMENDED TO EVALUATE THE CHIARI AND TO LOOK FOR ANY SYRINX OR ; This study is being ordered for Congenital Anomaly.; 7/7/2008; There has not been any treatment or conservative therapy.; 9 YEAR OLD WITH HISTORY OF CHIARI I MALFORMATION, HAVING HEADACHES WITH EXERCISE, COUGHING AND SNEEZING, HEADACHES HAVE PROGRESSED IN NATURE, HAVING NECK PAIN, ALSO HAS STARTED SNORING, MRI RECOMMENDED TO EVALUATE THE CHIARI AND TO LOOK FOR ANY SYRINX OR

Abnormal findings on prior imaging along with abnormal symptoms. R/O arachnoidocele/hydrocephalus/ac malformation; This study is being ordered for Congenital Anomaly.; 9/01/2014; There has been treatment or conservative therapy.; Low back pain, abnormalities on prior imaging.; Physical therapy, brace, prescription therapy

ANNUAL FOLLOW UP OF CHIARI I MALFORMATION; This study is being ordered for Congenital Anomaly.; 8/5/2013; There has not been any treatment or conservative therapy.; CHIARI I MALFORMATION AND GROWTH HORMONE DEFICIENCY, HEADACHES

ANNUAL FOLLOW UP TO SEE IF SURGICAL INTERVENTION IS NEEDED; This study is being ordered for Congenital Anomaly.; 11/18/2011; There has not been any treatment or conservative therapy.; SNORING, DIFFICULTY INITIATING AND MAINTAINING SLEEP, GASTROESOPHAGEAL REFLUX, EOSINOPHILIC ESOPHAGITIS

FOLLOW UP OF SPINAL ABNORMALITIES; This study is being ordered for Congenital Anomaly.; 8/21/2013; There has not been any treatment or conservative therapy.; CONGENITAL SCOLIOSIS THAT HAS PROGRESSIVELY GOTTEN WORSE, FATTY FILUM.

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Dr Campbell is looking for possible cervical syringomyelia

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.;

OPHTHAMOLOGY CHANGES - HEADACHE;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Patient born with Klippel Feil syndrome; This study is being ordered for Congenital Anomaly.; Birth; There has been treatment or conservative therapy.; Neck pain, mid back pain, headaches, bilateral upper and lower extremity weakness; Cervical appliances. physical therapy/heat/ice cold packs

Patient is ready to explore surgical options at this time need a new updated MRI; This study is being ordered for a neurological disorder.; October 2013; There has been treatment or conservative therapy.; Neck pain that radiates to UE with numbness and tingling in the fingers.; Low back pain that radiates to bilateral LE; Medicine prescription and OTC and Physical Therapy

pt with known chiari malformation-having increased headaches, dizziness and has hx of swallowing problems. need mri brain and c spine.; This study is being ordered for Congenital Anomaly.; February 2014 approximately; There has not been any treatment or conservative therapy.; headache and dizziness

Rule out cervical stenosis and lumbar stenosis; This study is being ordered for a neurological disorder.; 8/15/2015; There has been treatment or conservative therapy.; Radiculopathy, numbness in bi lateral hands and pain in the legs; Supervised physical Therapy, NSAID's

ruptured disc for possible surgery and stenosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/20/2015; There has been treatment or conservative therapy.; back and leg pain, neck and shoulder pain; surgery, physical therapy, medications, injections

She has a history of Ehlers-Danlos disease. She also has a history of a Chiari malformation. Basically from her Chiari malformation in her neuromuscular problems related to this, she has been wheelchair bound for the last 2 years. However, she has had ; This study is being ordered for trauma or injury.; 2001; There has been treatment or conservative therapy.; She has a history of Ehlers-Danlos disease. She also has a history of a Chiari malformation. Basically from her Chiari malformation in her neuromuscular problems related to this, she has been wheelchair bound for the last 2 years. However, she has had ; NSAIDS, PHYSICAL THERAPY, INJECTIONS, OXYCODONE

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.

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.

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.

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.; Arnold chiari repair 05/2015 H/a Blurred vision

The patient is presenting new symptoms.; It is not known if the study is for follow up or staging.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis

This is a pleasant 32F with complaints of interscapular pain and N/T in her right arm and leg. She has moderate scoliotic curve in her thoracic spine on xrays. We will start PT and obtain an MRI of her cervical and thoracic spine for the N/T and scoliotic; This study is being ordered for a neurological disorder.; 10/13/2015; She has moderate scoliotic curve in her thoracic spine on xrays. We will start PT and obtain an MRI of her cervical and thoracic spine for the N/T and scoliotic curve. She is not myelopathic on exam. She is in agreement with the plan today.; There has been treatment or conservative therapy.; This is a pleasant 32F with complaints of interscapular pain and N/T in her right arm and leg. She has moderate scoliotic curve in her thoracic spine on xrays. We will start PT and obtain an MRI of her cervical and thoracic spine for the N/T and scoliotic; physical therapy 10/22/2015

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

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.

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?

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.

This is a request for cervical spine MRI; It is not known if there is evidence of tumor or metastasis on bone scan or x-ray.; Suspected Tumor with or without Metastasis; abnormal MRI of cervical without. Radiologist & neurosurgeon recommends new cervical MRI with/without

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; 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; MEMBER WITH HISTORY OF CHIARI MALFORMATION THAT IS ASYMPTOMATIC. NEUROSURGEON RECOMMENDS MRI CERVICAL SPINE FOR CONTINUED FOLLOW UP OF THE CHIARI MALFORMATION; 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 is a request for cervical spine MRI; None of the above; pt with chiari malformation. hx of headaches, dizziness and double vision.; 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 is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

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.

This is a request for cervical 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.

This is a request for cervical 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.

This is a request for cervical 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.

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.; previous mri found spondylolisthesis

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;

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.

This study is being ordered for staging.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.
we are doing work up for multiple sclerosis or spinal tumors; This study is being ordered for a neurological disorder.; 7/2015; There has not been any treatment or conservative therapy.; blurred vision and stool incontinence

< 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.

< 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 physician is not a hematologist/ oncologist.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/15/15; There has been treatment or conservative therapy.; gait/unable to walk/numbness and tingling in both arms; medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; Low back pain, weakness, thoracic pain and pain L lower extremities. Pt has a throbbing and stabbing sensation.; Pt has had medication, PT, and Chiropractic care ; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The last Thoracic Spine MRI was performed within the past 10 months.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 metastatic disease.; There are 5 or more exams are being ordered.

; This study is being ordered for a neurological disorder.; Patient says this has been going on for 30 years. First seen here 4/29/13.; There has been treatment or conservative therapy.; Sharp shooting constant pain and weakness. Post lumbar discectomy and chraniotomy.; PT in the past. Medications including ibuprofen, Tylenol, Lasix, Valium, Baclofen, Tripleptal, Topomax, Gabapentin, Percocet.

; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for Congenital Anomaly.; 09/20/2014; There has been treatment or conservative therapy.; FEET ARE TURNING IN; MYELOMENINGOCELE CLOSURE, EVALAUTION NEEDED TO RULE OUT TETHERED CORD

; This study is being ordered for Congenital Anomaly.; 12/16/2013; There has been treatment or conservative therapy.; HAS PFEIFFER SYNDROME, CRANIOSYNOSTOSIS, CHIARI I MALFORMATION; MULTIPLE SUTURE CRANIOSYNOSTOSIS, MULTIPLE CRANIOPLASTY PROCEDURES TO CORRECT HIS HEAD SHAP DUE TO INCREASED ICP, UNDERWENT BILATERAL OPTIC NERVE CANAL DECOMPRESSION.

; This study is being ordered for Congenital Anomaly.; 8/19/2010; There has been treatment or conservative therapy.; HEADACHES; BONY DECOMPRESSION POST PARTIAL THICKNESS DURAPLASTY 2010, REPEAT CHIARI DECOMPRESSION WITH INTRADURAL EXPLORATION, CEREBELLAR TONSILLAR SHRINKAGE AND DURAPLASTY 6/24/15.

; This study is 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.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/04/2015; There has been treatment or conservative therapy.; h/a; thoracic pain and lbp; pain radiates to the rt leg; tingling and numbness; muscle relaxer and Mobic; otc tylenol

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; Severe pain, numbness, tingling, weakness.; Injections, medications including hydrocodone, Tylenol, ibuprofen, gabapentin, meloxicam, methocarbamol, topiramate.

10/19/15 Scelitta Porter presents today with basically pain all over. She last had a microdiskectomy per Dr. Willis on April 15th and did not make any of her followup appointments. She reports increased instability with her gait. She has fallen multipl; This study is being ordered for a neurological disorder.; 10/19/15; There has been treatment or conservative therapy.; BACK PAIN, LEG PAIN, FALLING, ABNORMAL GAIT; ESI INJECTIONS, HOME EXERCISE, MEDICATIONS
2 YEAR FOLLOW UP IN MEMBER WITH HISTORY OF ANAPLASTIC EPENDYMOMA OF THE POSTERIOR FOSSA.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

9 YEAR OLD WITH HISTORY OF CHIARI I MALFORMATION, HAVING HEADACHES WITH EXERCISE, COUGHING AND SNEEZING, HEADACHES HAVE PROGRESSED IN NATURE, HAVING NECK PAIN, ALSO HAS STARTED SNORING, MRI RECOMMENDED TO EVALUATE THE CHIARI AND TO LOOK FOR ANY SYRINX OR ; This study is being ordered for Congenital Anomaly.; 7/7/2008; There has not been any treatment or conservative therapy.; 9 YEAR OLD WITH HISTORY OF CHIARI I MALFORMATION, HAVING HEADACHES WITH EXERCISE, COUGHING AND SNEEZING, HEADACHES HAVE PROGRESSED IN NATURE, HAVING NECK PAIN, ALSO HAS STARTED SNORING, MRI RECOMMENDED TO EVALUATE THE CHIARI AND TO LOOK FOR ANY SYRINX OR
Abnormal findings on prior imaging along with abnormal symptoms. R/O arachnoidocoele/hydrdocephalitis/ac malformation; This study is being ordered for Congenital Anomaly.; 9/01/2014; There has been treatment or conservative therapy.; Low back pain, abnormalities on prior imaging.; Physical therapy, brace, prescription therapy

ANNUAL FOLLOW UP TO SEE IF SURGICAL INTERVENTION IS NEEDED; This study is being ordered for Congenital Anomaly.; 11/18/2011; There has not been any treatment or conservative therapy.; SNORING, DIFFICULTY INITIATING AND MAINTAINING SLEEP, GASTROSOPHAGEAL REFLUX, EOSINOPHILIC ESOPHAGITIS

FOLLOW UP OF SPINAL ABNORMALITIES; This study is being ordered for Congenital Anomaly.; 8/21/2013; There has not been any treatment or conservative therapy.; CONGENITAL SCOLIOSIS THAT HAS PROGRESSIVELY GOTTEN WORSE, FATTY FILUM.

FOR TREATMENT PLAN; This study is being ordered for a neurological disorder.; 11-2-15; There has not been any treatment or conservative therapy.; PATIENT IS HAVING LEG WEAKNESS AND PAIN. PATIENT IS HAVING LOW BACK AND MID BACK PAIN. PATIENT IS HAVING PARESTHISIAS IN BILATERAL LEGS AND DISTAL LEG PAIN.

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.

None; This study is being ordered for a neurological disorder.; since 2010; There has been treatment or conservative therapy.; pt has weakness, bowel bladder changes, pain with numbness . tonsillar herniation 1 cm on the right and 3to 4 cm on the left that is crowding of foramen magnum; Pain meds , home therapy

Patient born with Klippel Feil syndrome; This study is being ordered for Congenital Anomaly.; Birth; There has been treatment or conservative therapy.; Neck pain, mid back pain, headaches, bilateral upper and lower extremity weakness; Cervical appliances. physical therapy/heat/ice cold packs

pt had a T12 metastatic breast cancer lesion with onset of pain and weakness; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

R/O AVM of brain due to Sturge Weber Syndrome.; Neck/Upper back pain radiating to the bilateral UE. Bilateral hand/arm/finger numbness.; This study is being ordered for a neurological disorder.; March 2015; There has been treatment or conservative therapy.; neck pain radiating to upper back, bilateral hand/arm/finger numbness. R/O AVM of brain due to sturge Weber syndrome.; Physical therapy, dorsal spine injections

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.; Her worse pain is between her shoulder blades in her upper back. This pain started about two years ago. She was doing a very labor intensive job at that time. She ended up having to leave her job. It is located midline. It radiates to her chest at times. ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; mri of cervical and lumbar were normal but patient is still is a lot of pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of asymmetric reflexes.

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.

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.

This is a pleasant 32F with complaints of interscapular pain and N/T in her right arm and leg. She has moderate scoliotic curve in her thoracic spine on xrays. We will start PT and obtain an MRI of her cervical and thoracic spine for the N/T and scoliotic; This study is being ordered for a neurological disorder.; 10/13/2015; She has moderate scoliotic curve in her thoracic spine on xrays. We will start PT and obtain an MRI of her cervical and thoracic spine for the N/T and scoliotic curve. She is not myelopathic on exam. She is in agreement with the plan today.; There has been treatment or conservative therapy.; This is a pleasant 32F with complaints of interscapular pain and N/T in her right arm and leg. She has moderate scoliotic curve in her thoracic spine on xrays. We will start PT and obtain an MRI of her cervical and thoracic spine for the N/T and scoliotic; physical therapy 10/22/2015

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.

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.

Thoracic syrinx identified on non contrast MRI Thoracic spine. Need MRI with and without contrast to delineate margins and assess evolution of syrinx most likely due to trauma from hard fall. Need MRI lumbar spine to identify cause of lower back pain with; This study is being ordered for a neurological disorder.; 1/1/2012; There has been treatment or conservative therapy.; Bilateral mid back pain with radiation to lower back. Joint pain, loss of balance, numbness to bilateral fingertips and bilateral toes w/ ventral aspect of foot numbness. Difficulty walking and with daily activities. Now with loss of balance causing falls; Epidural steroid injections - three times. Moderate pain relief w/ return of full symptoms after 3 months.  Physical therapy and exercise- minimal pain relief, numbness still present.  Tramadol, Zanaflex- minimal relief. we are doing work up for multiple sclerosis or spinal tumors; This study is being ordered for a neurological disorder.; 7/2015; There has not been any treatment or conservative therapy.; blurred vision and stool incontinence

< 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.; IN THE LEG BOTH

< 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.

< 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 physician is not a hematologist/ oncologist.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 02/12/15; There has been treatment or conservative therapy.; severe upper extremity neck pain radiating bilaterally, weakness on upper and lower, severe right hip pain; meds hydrocodone, ibuprofen ,valium ,flexeril

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/1/2014; There has been treatment or conservative therapy.; Pain with radiculopathy, numbness, tingling.; Surgery in both areas and steroid injections. anti inflammatory.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/08/15 first visit- has been suffering from pain with for 6 yrs; There has not been any treatment or conservative therapy.; back pain-

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; Low back pain, weakness, thoracic pain and pain L lower extremities. Pt has a throbbing and stabbing sensation.; Pt has had medication, PT, and Chiropractic care ; The study 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.;

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Range of motion in the Lumbar Spine: Flexion: Reduced by 30-40% Extension: Reduced by 30-40% Right Rotation: Reduced by 30-40% Left Rotation: Reduced by 30-40% Right Side Bend: Reduced by 30-40% Left Side Bend: Reduced by 30-40%; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

; The 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 2 exams are being ordered.; 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 metastatic disease.; There are 5 or more exams are being ordered.

; This study is being ordered for a neurological disorder.; Patient says this has been going on for 30 years. First seen here 4/29/13.; There has been treatment or conservative therapy.; Sharp shooting constant pain and weakness. Post lumbar discectomy and chraniotomy.; PT in the past. Medications including ibuprofen, Tylenol, Lasix, Valium, Baclofen, Tripleptal, Topomax, Gabapentin, Percocet.

; This study is being ordered for a neurological disorder.; Since 2006; It is not known if there has been any treatment or conservative therapy.; Weakness, falls, requires cane for ambulation.The pain radiates from the midline at the lumbosacral junction and out into the left buttock, down the posterior thigh to the knee. He has numbness and tingling into the left foot particularly the lateral 3 to

; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for Congenital Anomaly.; 09/20/2014; There has been treatment or conservative therapy.; FEET ARE TURNING IN; MYELOMENINGOCELE CLOSURE, EVALAUTION NEEDED TO RULE OUT TETHERED CORD

; This study is being ordered for Congenital Anomaly.; 12/16/2013; There has been treatment or conservative therapy.; HAS PFEIFFER SYNDROME, CRANIOSYNOSTOSIS, CHIARI I MALFORMATION; MULTIPLE SUTURE CRANIOSYNOSTOSIS, MULTIPLE CRANIOPLASTY PROCEDURES TO CORRECT HIS HEAD SHAP DUE TO INCREASED ICP, UNDERWENT BILATERAL OPTIC NERVE CANAL DECOMPRESSION.

; This study is being ordered for Congenital Anomaly.; 8/19/2010; There has been treatment or conservative therapy.; HEADACHES; BONY DECOMPRESSION POST PARTIAL THICKNESS DURAPLASTY 2010, REPEAT CHIARI DECOMPRESSION WITH INTRADURAL EXPLORATION, CEREBELLAR TONSILLAR SHRINKAGE AND DURAPLASTY 6/24/15.

; This study is 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.;

; This study is 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.;;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2014; It is not known if there has been any treatment or conservative therapy.; Neck pain that has become progressive/Turning head produces significant pain.; Back pain with inability to sit in car for very long/constantly shifting weight

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; Severe pain, numbness, tingling, weakness.; Injections, medications including hydrocodone, Tylenol, ibuprofen, gabapentin, meloxicam, methocarbamol, topiramate.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years ago(prior to 2013); There has been treatment or conservative therapy.; back pain, radiating into lower extremities.; neck pain; physical therapy.; medication.; chiropractor

; This study is being ordered for trauma or injury.; January 2013; There has been treatment or conservative therapy.; neck pain with stiffness and back pain with leg symptoms; Physical therapy as well as chiropractic care

10/19/15 Scelitta Porter presents today with basically pain all over. She last had a microdiscectomy per Dr. Willis on April 15th and did not make any of her followup appointments. She reports increased instability with her gait. She has fallen multiple; This study is being ordered for a neurological disorder.; 10/19/15; There has been treatment or conservative therapy.; BACK PAIN, LEG PAIN, FALLING, ABNORMAL GAIT; ESI INJECTIONS, HOME EXERCISE, MEDICATIONS
2 YEAR FOLLOW UP IN MEMBER WITH HISTORY OF ANAPLASTIC EPENDYMOMA OF THE POSTERIOR FOSSA.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

9 YEAR OLD WITH HISTORY OF CHIARI I MALFORMATION, HAVING HEADACHES WITH EXERCISE, COUGHING AND SNEEZING, HEADACHES HAVE PROGRESSED IN NATURE, HAVING NECK PAIN, ALSO HAS STARTED SNORING, MRI RECOMMENDED TO EVALUATE THE CHIARI AND TO LOOK FOR ANY SYRINX OR ; This study is being ordered for Congenital Anomaly.; 7/7/2008; There has not been any treatment or conservative therapy.; 9 YEAR OLD WITH HISTORY OF CHIARI I MALFORMATION, HAVING HEADACHES WITH EXERCISE, COUGHING AND SNEEZING, HEADACHES HAVE PROGRESSED IN NATURE, HAVING NECK PAIN, ALSO HAS STARTED SNORING, MRI RECOMMENDED TO EVALUATE THE CHIARI AND TO LOOK FOR ANY SYRINX OR

ANNUAL FOLLOW UP TO SEE IF SURGICAL INTERVENTION IS NEEDED; This study is being ordered for Congenital Anomaly.; 11/18/2011; There has not been any treatment or conservative therapy.; SNORING, DIFFICULTY INITIATING AND MAINTAINING SLEEP, GASTROSOPHAGEAL REFLUX, EOSINOPHILIC ESOPHAGITIS
Enter answer here - or Type In "Gait and station is shuffling and short steps "; The study requested 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.

FOLLOW UP OF SPINAL ABNORMALITIES; This study is being ordered for Congenital Anomaly.; 8/21/2013; There has not been any treatment or conservative therapy.; CONGENITAL SCOLIOSIS THAT HAS PROGRESSIVELY GOTTEN WORSE, FATTY FILUM.
For evaluation for possible injections.; 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 FOUND IN BILATERAL LEGS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

FOR TREATMENT PLAN; This study is being ordered for a neurological disorder.; 11-2-15; There has not been any treatment or conservative therapy.; PATIENT IS HAVING LEG WEAKNESS AND PAIN. PATIENT IS HAVING LOW BACK AND MID BACK PAIN. PATIENT IS HAVING PARESTHISIAS IN BILATERAL LEGS AND DISTAL LEG PAIN.

FURTHER EVALUATION FOR INJECTINS OR SURGERY; 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 FOUND IN RIGHT FOOT WHEN RAISING 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.

lumbar radiculopathy weakness.numbness in legs and feet; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.

None; This study is being ordered for a neurological disorder.; since 2010; There has been treatment or conservative therapy.; pt has weakness, bowel bladder changes, pain with numbness . tonsillar herniation 1 cm on the right and 3to 4 cm on the left that is crowding of foramen magnum; Pain meds , home therapy on mri l spine without contrast there appears to be a likely intradural mass at L5/S1; This study is being ordered for a neurological disorder.; 5 years ago; There has been treatment or conservative therapy.; low back pain with radiating right leg pain; Physical Therapy in September 2015 with no relief

patient fell 10-15 feet off roof, hit concrete.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

PATIENT HAD A MRI IN JANURARY 2015, HER LEG PAIN HAS INCREASED SIGNIFICANTLY SINCE THEN.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS BILATERAL LOWER EXTRIMITY PARESTHESIS AND BILATERAL LOWER EXTRIMITY 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.

Patient is 2 months post operative lumbar discectomy at left L5-S1. He complains of increasing pain with no injury.Pain medications is 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

Patient is 3 months post op L5S1 fusion and complains of pain radiating down her right 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

Post op follow up; 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 a T12 metastatic breast cancer lesion with onset of pain and weakness; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

PT HAD LUMBAR DECOMPRESSION...REQUESTING MRI TO PROCEED WITH STEROID INJECTIONS  If the MRI of the lumbar spine reveals no new neurological findings we will proceed with spinal injections.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Pt recently underwent surgery.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Pt with chronic dull back pain MRI 7/22/2014 Impression: Disc dessication with assymetric right-sided disc bulge and small right subarticular annular tear at L5-S1 with mild to moderate right neural foraminal narrowing and mild indentation on the exiting ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.

Rule out cervical stenosis and lumbar stenosis; This study is being ordered for a neurological disorder.; 8/15/2015; There has been treatment or conservative therapy.; Radiculopathy, numbness in bi lateral hands and pain in the legs; Supervised physical Therapy, NSAID's

ruptured disc for possible surgery and stenosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/20/2015; There has been treatment or conservative therapy.; back and leg pain, neck and shoulder pain; surgery, physical therapy, medications, 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.; 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.

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.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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?

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.

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.

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

The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.

The study requested is a Lumbar Spine MRI.; The patient 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.

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

The study requested is a Lumbar Spine MRI.; The patient does NOT have 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.

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

Thoracic syrinx identified on non contrast MRI Thoracic spine. Need MRI with and without contrast to delineate margins and assess evolution of syrinx most likely due to trauma from hard fall. Need MRI lumbar spine to identify cause of lower back pain with; This study is being ordered for a neurological disorder.; 1/1/2012; There has been treatment or conservative therapy.; Bilateral mid back pain with radiation to lower back. Joint pain, loss of balance, numbness to bilateral fingertips and bilateral toes w/ ventral aspect of foot numbness. Difficulty walking and with daily activities. Now with loss of balance causing falls; Epidural steroid injections - three times. Moderate pain relief w/ return of full symptoms after 3 months. &#xOD; Physical therapy and exercise- minimal pain relief, numbness still present. &#xOD; Tramadol, Zanaflex- minimal relief. unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/08/2014; There has been treatment or conservative therapy.; neck and bilateral arm pain, weakness and numbness in the hands. back pain and buttock pain.; patient has had PT, oral medications, back surgery2/16/2015 for cervical ; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis 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.;;

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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.;;

Lumbar CT revealed: images are unavailable at this time due to radiology water damage. The report indicates foraminal stenosis L5-S1 bilaterally. Symptoms are left only. A lesion was noted in the pelvis and an MRI was recommended.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

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.

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.

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."

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a 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.

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.

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.

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.

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.

This is a request for CT Angiography of the Abdomen and Pelvis.

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.

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 has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

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.

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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

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.

Radiology Services Denied Not Medically Necessary

history of stroke; This study is being ordered for Vascular Disease.; march 17 2015; There has been treatment or conservative therapy.; having ride side face pain goes into neck r arm is numb and weak; placed on a blood thinner

Radiology Services Denied Not Medically Necessary

history of stroke; This study is being ordered for Vascular Disease.; march 17 2015; There has been treatment or conservative therapy.; having ride side face pain goes into neck r arm is numb and weak; placed on a blood thinner

Radiology Services Denied Not Medically Necessary

previous scan showed findings; 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.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

HPI 59 yo M comes for first evaluation today. He has had 4-5 months of progressive radiating pain from his R hip down to his foot. It is bilateral, but worse on the R side. He does not have bowel or bladder problems. He had one injection with minimal ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Patient states months of pain.; It is not known if there has been any treatment or conservative therapy.; Pleasant female presents with years history of neck pain to arms with numbness of flexor area of right arm, frequent dropping things bilaterally and neck pain exacerbated by extension and lateral bending especially. She also has chronic low back pain to l

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is 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.;;

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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

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.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown If No Info G iven.  29 YO CM with stable retrocerebellar arachnoid cyst, C4-C6 spondylolithesis, migraines, and cervicothoracic DJD with complaints of worsening cervicothoracic pain and neurogenic claudication of t; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

History of colon cancer and carpal tunnel syndrome; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Nov. 3 2014 - Jan. 2015; There has been treatment or conservative therapy.; All over body pain, decreased range of motion of both upper and lower extremities; Taking medications, attended orthopedics for shoulder and upper extremities, had an MRI of lumbar spine with herniation, gone to pain management

Radiology Services Denied Not Medically Necessary

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT ; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; May 2015; There has been treatment or conservative therapy.; mid to low back pain with radiculopathy and numbness and tingling; Physical Therapy as well as anti-inflammatories and muscle relaxers

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Patient states months of pain.; It is not known if there has been any treatment or conservative therapy.; Pleasant female presents with years history of neck pain to arms with numbness of flexor area of right arm, frequent dropping things bilaterally and neck pain exacerbated by extension and lateral bending especially. She also has chronic low back pain to l ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Evaluation for surgical procedure.; This study is being ordered for a neurological disorder.; Low back pain, has Harrington rods in place.; There has been treatment or conservative therapy.; Upper to mid to low back pain.; Physical Therapy, home exercise program, prescription and non prescription medications

Radiology Services Denied Not Medically Necessary

History of colon cancer and carpal tunnel syndrome; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Nov. 3 2014 - Jan. 2015; There has been treatment or conservative therapy.; All over body pain, decreased range of motion of both upper and lower extremities; Taking medications, attended orthopedics for shoulder and upper extremities, had an MRI of lumbar spine with herniation, gone to pain management

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 12/2011; There has been treatment or conservative therapy.; Hand and feet numbness/pain; epidural steroid injection

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; May 2015; There has been treatment or conservative therapy.; mid to low back pain with radiculopathy and numbness and tingling; Physical Therapy as well as anti-inflammatories and muscle relaxers

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Patient states months of pain.; It is not known if there has been any treatment or conservative therapy.; Pleasant female presents with years history of neck pain to arms with numbness of flexor area of right arm, frequent dropping things bilaterally and neck pain exacerbated by extension and lateral bending especially. She also has chronic low back pain to l

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is 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.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

Evaluation for surgical procedure.; This study is being ordered for a neurological disorder.; Low back pain, has Harrington rods in place.; There has been treatment or conservative therapy.; Upper to mid to low back pain.; Physical Therapy, home exercise program, prescription and non prescription medications

Radiology Services Denied Not Medically Necessary

History of colon cancer and carpal tunnel syndrome; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Nov. 3 2014 - Jan. 2015; There has been treatment or conservative therapy.; All over body pain, decreased range of motion of both upper and lower extremities; Taking medications, attended orthopedics for shoulder and upper extremities, had an MRI of lumbar spine with herniation, gone to pain management

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.

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/08/15 first visit- has been suffering from pain with for 6 yrs; There has not been any treatment or conservative therapy.; back pain-

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2015; There has been treatment or conservative therapy.; PAIN IN THE NECK RADATING INTO HER RIGHT SHOULDER WITH numbness in her right arm  80 to 90 degree range of motion of head and neck in all directions pain with external and internal rotation; PAIN MANAGEMENT AND IS TAKING MEDICATION ; This is a 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.

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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 12/2011; There has been treatment or conservative therapy.; Hand and feet numbness/pain; epidural steroid injection

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 12/4/2007; There has been treatment or conservative therapy.; Weakness, falls, blurred vision, severe headaches, severe back pain, dizziness.; Brain surgery 11/18/13. Medications over the counter and prescription, physical therapy.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Feb. 2015; There has been treatment or conservative therapy.; Neck and mid back pain; NSAID, Medication Therapy

Radiology Services Denied Not Medically Necessary

; This study is 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.;;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown If No Info Given. 29 YO CM with stable retrocerebellar arachnoid cyst, C4-C6 spondylolithesis, migraines, and cervicothoracic DJD with complaints of worsening cervicothoracic pain and neurogenic claudication of t; This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.;

FOR FURTHER EVALUATION AND TREATMENT PLAN INCLUDING 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.; LEFT ARM WEAKNESS FOUND AT EXAMINATION; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

For Thoracic Spine Pain (M54.6), Paresthesia of skin (R20.2) and Other form of scoliosis of thoracic region (M41.84): 1. MRI of the Thoracic Spine and cervical spine; 2. Physical Therapy; This is a pleasant 32F with complaints of interscapular pain a; This study is being ordered for a neurological disorder.; recurring condition that started several years ago but worsened with time; There has been treatment or conservative therapy.; This 32 year old female presents with midback and interscapular pain that radiates into her right leg and right arm. She complains of numbness and tingling in her right arm and right leg. She complains of grip strength loss. She reports the pain began sev; currently taking valium with mild relief; and diclofenac for pain

Radiology Services Denied Not Medically Necessary

No; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pain; This study is being ordered for a neurological disorder.; 1991; There has not been any treatment or conservative therapy.; Facial spasm

Radiology Services Denied Not Medically Necessary

Status post fusion, check hardware. Evaluate low back for stenosis.; This study is being ordered for a neurological disorder.; Several years; There has been treatment or conservative therapy.; Neck pain & low back pain that radiates to the hip/buttock/leg. Bilateral foot numbness. Bilateral arm/hand numbness.; Has been through cervical spine surgery, physical therapy, RX therapy, OTC meds.

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.;

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.

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.;

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 neck pain

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.; Prior effusion C5/6/7, having interscapula pain, neck pain and bilateral shoulder pain and numbness that radiates down her arm.

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.; 12/08/2014; There has been treatment or conservative therapy.; neck and bilateral arm pain, weakness and numbness in the hands. back pain and buttock pain.; patient has had PT, oral medications, back surgery2/16/2015 for cervical

Radiology Services Denied Not Medically Necessary

WILL FAX IN CLINICALS; This study is being ordered for a neurological disorder.; 1/22/15; There has been treatment or conservative therapy.; NECK AND LOW BACK PAIN WITH RADICULOPATHY; HOME EXERCISE, MEDICATIONS

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/08/15 first visit- has been suffering from pain with for 6 yrs; There has not been any treatment or conservative therapy.; back pain-

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 11/12/15; There has been treatment or conservative therapy.; LEFT SHOULDER PAIN, MID BACK PAIN.; MEDICATIONS, HOME EXERCISE, EMG NERVE CONDUCTION

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 12/4/2007; There has been treatment or conservative therapy.; Weakness, falls, blurred vision, severe headaches, severe back pain, dizziness.; Brain surgery 11/18/13. Medications over the counter and prescription, physical therapy.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Feb. 2015; There has been treatment or conservative therapy.; Neck and mid back pain; NSAID, Medication Therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Patient states this has been going on for about 6 years.; There has been treatment or conservative therapy.; 37 year old femal with a host of symptoms including occ double vision, clicking in right ear, suboccipital headacehes to right side of body exacerbated by Valsalva, occasion slurred speech, difficulty swallowing, difficulty with fine movement right hand, ; Physical therapy does not help. Medication including hydrocodone and gabapentin does not help.

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In UnkHe is overall improved from surgery. He denies any radiating leg pain, however, he does complain of thoracic and lower back pain. He also complains of interscapular and neck pain. He states he has intermittent numbness an; 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.

Radiology Services Denied Not Medically Necessary

For Thoracic Spine Pain (M54.6), Paresthesia of skin (R20.2) and Other form of scoliosis of thoracic region (M41.84); 1. MRI of the Thoracic Spine and cervical spine; 2. Physical Therapy; This is a pleasant 32F with complaints of interscapular pain; This study is being ordered for a neurological disorder.; recurring condition that started several years ago but worsened with time; There has been treatment or conservative therapy.; This 32 year old female presents with midback and interscapular pain that radiates into her right leg and right arm. She complains of numbness and tingling in her right arm and right leg. She complains of grip strength loss. She reports the pain began sev; currently taking valium with mild relief; and diclofenac for pain

Radiology Services Denied Not Medically Necessary

HPI 59 yo M comes for first evaluation today. He has had 4-5 months of progressive radiating pain from his R hip down to his foot. It is bilateral, but worse on the R side. He does not have bowel or bladder problems. He had one injection with minimal ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. on mri l spine without contrast there appears to be a likely intradural mass at L5/S1; This study is being ordered for a neurological disorder.; 5 years ago; There has been treatment or conservative therapy.; low back pain with radiating right leg pain; Physical Therapy in September 2015 with no relief

Radiology Services Denied Not Medically Necessary

The patient does have neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

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.; back pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

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.; mid to upper back pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

Radiology Services Denied Not Medically Necessary

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.; PRE OP EVALUATION; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; lipoma on back

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.

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.

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

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 12/4/2007; There has been treatment or conservative therapy.; Weakness, falls, blurred vision, severe headaches, severe back pain, dizziness.; Brain surgery 11/18/13. Medications over the counter and prescription, physical therapy.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 4/2015; There has been treatment or conservative therapy.; ; PHYSICAL THERAPY, HOME EXERCISE AND ESI INJECTIONS

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Patient is a 41 y.o. male presents with chief complaint of back pain with associated lumbosacral radiculopathy. This has been ongoing for about 1 year. He has not had injections or PT. He has poorly controlled DM, and he is being closely followed for d; There has been treatment or conservative therapy.; PE Physical Exam  Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.  HENT:  Head: Normocephalic and atraumatic.  Neck: Normal range of motion.  Neurological: He is alert and oriented to person,;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is 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.;;

Radiology Services Denied Not Medically Necessary

Back/leg and hip pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
DR WANTS TO GET MRI OF HIP AND LUMBAR SPINE TO SEE IF HARDWARE IS STILL IN PLACE; This study is being ordered for a neurological disorder.; 12/15/14; There has been treatment or conservative therapy.; LEG AND HIP PAIN, RADICULOPATHY TO BILATERAL LOWER EXTREMITIES, NUMBNESS, TINGLING, BURNING; ESI INJECTIONS, HOME EXERCISE, PT, MEDICATIONS

Radiology Services Denied Not Medically Necessary

lower back pain that radiates into her hips bilaterally. She denies any numbness or tingling. She reports the pain began in April 2014 for unknown reasons. She reports she had LESI's which provided significant relief, but does not remember who did them. S; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

PATIENT HAVING INCREASING LOW BACK PAIN WITH RIGHT LEG WEAKNESS AND PAIN; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS FOUND 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.

Radiology Services Denied Not Medically Necessary

Patient is ready to explore surgical options at this time need a new updated MRI; This study is being ordered for a neurological disorder.; October 2013; There has been treatment or conservative therapy.; Neck pain that radiates to UE with numbness and tingling in the fingers.; Low back pain that radiates to bilateral LE; Medicine prescription and OTC and Physical Therapy

Radiology Services Denied Not Medically Necessary

Status post fusion, check hardware. Evaluate low back for stenosis.; This study is being ordered for a neurological disorder.; Several years; There has been treatment or conservative therapy.; Neck pain & low back pain that radiates to the hip/buttock/leg. Bilateral foot numbness. Bilateral arm/hand numbness.; Has been through cervical spine surgery, physical therapy, RX therapy, OTC meds.

Radiology Services Denied Not Medically Necessary

sxs are worsening, numbness and tingling, weakness, pt has had injections that did not help; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral 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.

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 Neurologic deficits

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

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) will fax clinicals; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

WILL FAX IN CLINICALS; This study is being ordered for a neurological disorder.; 1/22/15; There has been treatment or conservative therapy.; NECK AND LOW BACK PAIN WITH RADICULOPATHY; HOME EXERCISE, MEDICATIONS

Radiology Services Denied Not Medically Necessary

HPI 59 yo M comes for first evaluation today. He has had 4-5 months of progressive radiating pain from his R hip down to his foot. It is bilateral, but worse on the R side. He does not have bowel or bladder problems. He had one injection with minimal ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2015; There has been treatment or conservative therapy.; PAIN IN THE NECK RADIATING INTO HER RIGHT SHOULDER WITH numbness in her right arm  80 to 90 degree range of motion of head and neck in all directions pain with external and internal rotation; PAIN MANAGEMENT AND IS TAKING MEDICATION ; This study is being ordered for a neurological disorder.; 11/12/15; There has been treatment or conservative therapy.; LEFT SHOULDER PAIN, MID BACK PAIN.; MEDICATIONS, HOME EXERCISE, EMG NERVE CONDUCTION

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Patient is a 41 y.o. male presents with chief complaint of back pain with associated lumbosacral radiculopathy. This has been ongoing for about 1 year. He has not had injections or PT. He has poorly controlled DM, and he is being closely followed for d; There has been treatment or conservative therapy.; PE Physical Exam  Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.  HENT:  Head: Normocephalic and atraumatic.  Neck: Normal range of motion.  Neurological: He is alert and oriented to person,;

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.

Radiology Services Denied Not Medically Necessary

DR WANTS TO GET MRI OF HIP AND LUMBAR SPINE TO SEE IF HARDWARE IS STILL IN PLACE; This study is being ordered for a neurological disorder.; 12/15/14; There has been treatment or conservative therapy.; LEG AND HIP PAIN, RADICULOPATHY TO BILATERAL LOWER EXTREMITIES, NUMBNESS, TINGLING, BURNING; ESI INJECTIONS, HOME EXERCISE, PT, MEDICATIONS

Radiology Services Denied Not Medically Necessary

HPI 59 yo M comes for first evaluation today. He has had 4-5 months of progressive radiating pain from his R hip down to his foot. It is bilateral, but worse on the R side. He does not have bowel or bladder problems. He had one injection with minimal ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Dr Krisht discussed different treatment options and the fact that in view of the persistence of his symptoms, a bypass is to be considered. However, he would like to get a CT perfusion scan to evaluate his circulation before proceeding with surgery; This study is being ordered for Vascular Disease.; 04/06/2015; There has been treatment or conservative therapy.; Pt has TIAs involving the left hemisphere and right side of his body; Pt on Plavix and Aspirin

; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

; 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."; The study is requested for headache.

daily headaches, has lesion on her head that is enlarging; 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."; The study is requested for headache.

dizziness, worsening chorea; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Dr Krisht discussed different treatment options and the fact that in view of the persistence of his symptoms, a bypass is to be considered. However, he would like to get a CT perfusion scan to evaluate his circulation before proceeding with surgery; This study is being ordered for Vascular Disease.; 04/06/2015; There has been treatment or conservative therapy.; Pt has TIAs involving the left hemisphere and right side of his body; Pt on Plavix and Aspirin

he patient has signal abnormalities noted on her MRI scan brain. She has signal changes present in her basal ganglia bilaterally felt to represent either iron deposition or calcification. A CT scan of the brain has been recommended. I am going to go ah; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

migraines getting worse, history of trauma to head. Nausea and photophobia as well; 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."; The study is requested for headache.

Patient has been experiencing short term memory loss, forgets conversations, events and misplaces objects.; 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."; The study is requested for headache.

Patient has had 2 seizures in august and 2 in September. Pt has seizure disorder and there may be sensory afflictions.; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

patient has had several break through seizures; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Patient is experiencing headaches that cause pressure in b/l temple region. at times pain goes down to arms and feels tightness in the throat to the point where she wants to bite her tongue; 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."; The study is requested for headache.

SEIZURE DISORDER WITH NEW ONSET SPEECH DISTURBANCE.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

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."; The study is requested for recent head trauma or injury.

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.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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."; The study is requested for headache.

Want to rule out cerebral aneurysm.; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; Headache that feels like an ice pick. Experiencing confusion after speaking.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; Sharp throbbing pain/ nausea/photo phobia/ phono phobia; prescribed medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; patient has had surgery 7/2015 and is having new onset of seizure HA, syncope, dizziness and blurred vision; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 08/03/2015; There has been treatment or conservative therapy.; Extremity in weakness, gait disturbance, headache, numbness in extremity; Brain MRI and Cervical MRI

; This study is being ordered for a neurological disorder.; 8/10/15; There has been treatment or conservative therapy.; Left eye vision problems, no feeling on left side of face, face droop, confusion, very angry, left sided weakness, balance problems and no feeling in left leg.; MRI of head, MRA of head, CT of head, blood work was drawn, TEE, ECHO with bubble study all was perform while in hospital Patient was admitted into hospital and was kept there for 4 days. While in emergency room he received IV t-PA. He also received IV f

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Headaches seizures performances changes; gabapentin keppra

; This study is being ordered for Vascular Disease.; 01-01-2015; There has been treatment or conservative therapy.; balance problems and vertigo. burning sensation in the left shoulder area, the back of the right hand and the neck. rare headaches every few months; medications - methimazole; brain MRI 7-16-15

; This study is being ordered for Vascular Disease.; 11-05-2010; There has been treatment or conservative therapy.; memory impairment, nausea, neurological symptoms, phonophobia, and vertigo; Topamax, verapamil

Abnormal Brain MRI on 12/2/2015 that showed a stroke, R/O malignancy, vasculitis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2/2015; There has been treatment or conservative therapy.; bladder incontinence, ABD pain/tenderness, heavy bleeding.; antibiotics for urinary issue, daily aspirin

Abnormal carotid ultrasound 50-70% right internal carotid artery stenosis.; This study is being ordered for Vascular Disease.; 3-4 months; There has been treatment or conservative therapy.; Syncope and collapse.; Medication and medical treatment.

acute infarct seen on MRI in left temporal and parietal lobes. CTA being requested to evaluate for any potential abnormalities that would contribute to an ischemic event in a patient that does not have other contributing comorbidities.; This study is being ordered for a neurological disorder.; 11/11/15; There has been treatment or conservative therapy.; mental status changes, expressive aphasia; he has had a stroke, he has been on Aspirin and Plavix

change in basilar migraines.; This study is being ordered for a neurological disorder.; 05/05/2015; It is not known if there has been any treatment or conservative therapy.; Left side of face numbness, left arm and left leg numbness, extreme weakness, severe migraines

CTA needed due to symptoms of carotid dissection in a patient with history of carotid dissection; This study is being ordered for a neurological disorder.; 11-18-15; There has been treatment or conservative therapy.; Extreme headache, pressure sensation on back of neck, nausea, feelings similar to those of carotid dissection, patient has had carotid dissection in past; medication

Dr Krisht discussed different treatment options and the fact that in view of the persistence of his symptoms, a bypass is to be considered. However, he would like to get a CT perfusion scan to evaluate his circulation before proceeding with surgery; This study is being ordered for Vascular Disease.; 04/06/2015; There has been treatment or conservative therapy.; Pt has TIAs involving the left hemisphere and right side of his body; Pt on Plavix and Aspirin

Enter answer here - or Type In U; This study is being ordered for a neurological disorder.; 6-1-15; There has been treatment or conservative therapy.; stroke headache, dizziness extremity in weakness memory impairment tremors; medications duloxetine
Enter answer here - pt had a TIA 1 week ago, pt has a history of transposition of the great vessels; This study is being ordered for a neurological disorder.; Enter date of initial onset here - 1 week ago; There has been treatment or conservative therapy.; Describe primary symptoms here - Speech Problems; Describe treatment / conservative therapy Aspirin

evidence of old strokes were seen on MRI, significant narrowing of the vertebral artery. Dr. Krisht needs to evaluate her cerebrovascular tree closer.; This study is being ordered for Vascular Disease.; September of 2015; There has been treatment or conservative therapy.; cerebrovascular disease, dizziness, tongue numbness, memory loss, abnormal gait, "handwriting off", acute right cerebral peduncle infarct, occlude right MCA and narrowed basilar artery and CPA mass, 1.77mm right ICA aneurysm.; Anticoagulation and plaque stabilization therapy with atorvastatin/clopidogrel.

History of stroke dating to 2005, history of dvt, peripheral vascular disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; dizziness, lightheadedness, patient is having hot flashes. Bobble vision which lasts for hours. Patient does improve after bouts of vomiting.

history of strokes in 2013 and 2014 with new onset neurological deficits--bilateral leg numbness.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2013; There has been treatment or conservative therapy.; bilateral leg numbness; Aspirin 325mg daily
Patient can not feel hot or cold. Patient's symptoms started to lessen and then 6 hours later the same symptoms returned.; This study is being ordered for a neurological disorder.; 9-1-2015; There has been treatment or conservative therapy.; Dizziness, Left side of face numb and tingling, mouth droop, left eye droop, slurring speech, parasthesia in right torso and all limbs; MRI, stress ECHO, Ultrasound, was also given Plavix and Aspirin

Patient had a CVA and TIA 9/2015; This study is being ordered for a neurological disorder.; 9/25/2015; There has been treatment or conservative therapy.; Dizzy, numb in left arm and face, shaky, nervous all the time, forgetfulness, snores, difficulty sleeping, migraines, panic attacks.; Plavix then changed to Xarelto.

Patient of 53 yo rh male. n 7/15/15 episode of feeling rare, like all his body was numb, slurred speech. He understood everything on his around. His laertness was normal. Weakness that started on his left hemibody and spread all over. In the ER he was tol; This study is being ordered for a neurological disorder.; Patient of 53 yo rh male. n 7/15/15 episode of feeling rare, like all his body was numb, slurred speech. He understood everything on his around. His laertness was normal. Weakness that started on his left hemibody and spread all over. In the ER he was tol; There has been treatment or conservative therapy.; Patient of 53 yo rh male. n 7/15/15 episode of feeling rare, like all his body was numb, slurred speech. He understood everything on his around. His laertness was normal. Weakness that started on his left hemibody and spread all over. In the ER he was tol; Brain MRI done in 9/29 is reported as normal, no stroke. he was started on Plavix and Atorvastain.

possible stroke; This study is being ordered for a neurological disorder.; looking for a possible stroke; There has been treatment or conservative therapy.; Neuro#x0D; Positive#x0D; Dizziness, Headache, Memory impairment.; 11/03/2015#x0D; clopidogrel 75 mg tablet#x0D; take 1 tablet by oral route every day#x0D; 10/23/2015#x0D; Lexapro 20 mg tablet#x0D; take 1 tablet by oral route every day#x0D; 04/28/2015#x0D; losartan 50 mg tablet#x0D; take 1 tablet by oral route every day#x0D; 09/27/2015#x0D; meclizine 25 mg

She has a strong family history of cancer (Both her mother and sister) She had a Neuropsych Eval that suggested a CTA head/Neck as her decline suggested a possible vascular etiology.; This study is being ordered for a neurological disorder.; August of last year; There has been treatment or conservative therapy.; her speech is delayed and she has problems finding words and getting words out, chronic daily headaches, hearing lost in both ears, vertigo, tinnitus, and difficulty Swallowing.; Lamictal 25mg QHS titrating up to 100mg BID

She's had 3 episodes of at least some degree of loss of consciousness. One episode she was sitting outside. She then became unable to move. She says her arms and legs would not move despite her willing them to.; This study is being ordered for a neurological disorder.; October 2015; There has been treatment or conservative therapy.; She describes a "whirling" which is often severe. It has woken her up from sleep. It does not seem to be overly positional. It can occur when standing or seated. It does not seem to be exacerbated by movement.; patient has seen ENT with no confirmed inner ear source. #x0D; MRI has been done showing no source.

The episode of left weakness, tongue paresthesia, and altered thinking likely represents a TIA. The differential would include migraine with or without headache.; Continue clopidogrel.; If evaluation is otherwise unrevealing then treatment for atherosclerosis; This study is being ordered for Inflammatory/ Infectious Disease.; 10/23/2015; It is not known if there has been any treatment or conservative therapy.; Ms. Waters notes that she was feeling fine when suddenly her left arm felt rubbery or floppy or weak and she began walking funny. She discerned that the gait disorder was due to left leg weakness. Her blood pressure was checked and found to be fine. Sh

TIA or reversible ischemic neurologic deficit (RIND). He will need a CT Angiogram and MRI with and without contrast.; This study is being ordered for a neurological disorder.; In Early November; There has been treatment or conservative therapy.; Developed left facial numbness including the inside of his mouth on the left. No Sensation either internally or externally. Right hand numbness. Swallowing became difficult and he developed uncontrolled hiccoughs.; Aspirin a day unknown; This study is being ordered for a neurological disorder.; 09/10/2015; There has been treatment or conservative therapy.; DIZZINESS, AND CHRONIC HEADACHES, NECK PROBLEMS; PT, and OTC medications

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/15; There has not been any treatment or conservative therapy.; double vision, numbness of face and numbness and tingling of the upper extremities, memory loss

unknown; This study is being 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

vomited; This study is being ordered for a neurological disorder.; 10/03/2015; There has not been any treatment or conservative therapy.; pt is passing out, slurred speech

Want to rule out cerebral aneurysm.; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; Headache that feels like an ice pick. Experiencing confusion after speaking.

With sudden onset of headache like she describes aneurysm or other vascular abnormality must be ruled out.; This study is being ordered for a neurological disorder.; Acute onset of headache, aphasia, and left hemiparesis on 9/29/15; There has been treatment or conservative therapy.; Acute onset of headache on 9/29/15 with associated aphasia and left hemiparesis. Symptoms of aphasia and left hemiparesis have resolved but headache continues on the left side of her head radiating into the left side of the neck and upper chest; Treated with a 10 day course of prednisone, pain medications

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 a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; Sharp throbbing pain/ nausea/photo phobia/ phono phobia; prescribed medications

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 08/03/2015; There has been treatment or conservative therapy.; Extremity in weakness, gait disturbance, headache, numbness in extremity; Brain MRI and Cervical MRI

; This study is being ordered for a neurological disorder.; 8/10/15; There has been treatment or conservative therapy.; Left eye vision problems, no feeling on left side of face, face droop, confusion, very angry, left sided weakness, balance problems and no feeling in left leg.; MRI of head, MRA of head, CT of head, blood work was drawn, TEE, ECHO with bubble study all was perform while in hospital Patient was admitted into hospital and was kept there for 4 days. While in emergency room he received IV t-PA. He also received IV f

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Headaches seizures performances changes; gabapentin keppra

; This study is being ordered for Vascular Disease.; 01-01-2015; There has been treatment or conservative therapy.; balance problems and vertigo. burning sensation in the left shoulder area, the back of the right hand and the neck. rare headaches every few months; medications - methimazole; brain MRI 7-16-15

; This study is being ordered for Vascular Disease.; 11-05-2010; There has been treatment or conservative therapy.; memory impairment, nausea, neurological symptoms, phonophobia, and vertigo; Topamax, verapamil

Abnormal Brain MRI on 12/2/2015 that showed a stroke, R/O malignancy, vasculitis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2/2015; There has been treatment or conservative therapy.; bladder incontinence, ABD pain/tenderness, heavy bleeding.; antibiotics for urinary issue, daily aspirin

Abnormal carotid ultrasound 50-70% right internal carotid artery stenosis.; This study is being ordered for Vascular Disease.; 3-4 months; There has been treatment or conservative therapy.; Syncope and collapse.; Medication and medical treatment.

acute infarct seen on MRI in left temporal and parietal lobes. CTA being requested to evaluate for any potential abnormalities that would contribute to an ischemic event in a patient that does not have other contributing cormorbities.; This study is being ordered for a neurological disorder.; 11/11/15; There has been treatment or conservative therapy.; mental status changes, expressive aphasia; he has had a stroke, he has been on Aspirin and Plavix

change in basilar migraines.; This study is being ordered for a neurological disorder.; 05/05/2015; It is not known if there has been any treatment or conservative therapy.; Left side of face numbness, left arm and left leg numbness, extreme weakness, severe migraines

CTA needed due to symptoms of carotid dissection in a patient with history of carotid dissection; This study is being ordered for a neurological disorder.; 11-18-15; There has been treatment or conservative therapy.; Extreme headache, pressure sensation on back of neck, nausea, feelings similar to those of carotid dissection, patient has had carotid dissection in past; medication

Dr Krisht discussed different treatment options and the fact that in view of the persistence of his symptoms, a bypass is to be considered. However, he would like to get a CT perfusion scan to evaluate his circulation before proceeding with surgery; This study is being ordered for Vascular Disease.; 04/06/2015; There has been treatment or conservative therapy.; Pt has TIAs involving the left hemisphere and right side of his body; Pt on Plavix and Aspirin

Enter answer here - or Type In U; This study is being ordered for a neurological disorder.; 6-1-15; There has been treatment or conservative therapy.; stroke headache, dizziness extremity in weakness memory impairment tremors; medications duloxetine

Enter answer here - pt had a TIA 1 week ago, pt has a history of transposition of the great vessels; This study is being ordered for a neurological disorder.; Enter date of initial onset here - 1 week ago; There has been treatment or conservative therapy.; Describe primary symptoms here - Speech Problems; Describe treatment / conservative therapy Aspirin

evidence of old strokes were seen on MRI, significant narrowing of the vertebral artery. Dr. Krisht needs to evaluate her cerebrovascular tree closer.; This study is being ordered for Vascular Disease.; September of 2015; There has been treatment or conservative therapy.; cerebrovascular disease, dizziness, tongue numbness, memory loss, abnormal gait, "handwriting off", acute right cerebral peduncle infarct, occlude right MCA and narrowed basilar artery and CPA mass, 1.77mm right ICA aneurysm.; Anticoagulation and plaque stabilization therapy with atorvastatin/clopidogrel.

History of stroke dating to 2005, history of dvt, peripheral vascular disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; dizziness, lightheadedness, patient is having hot flashes. Bobble vision which lasts for hours. Patient does improve after bouts of vomiting.

history of strokes in 2013 and 2014 with new onset neurological deficits--bilateral leg numbness.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2013; There has been treatment or conservative therapy.; bilateral leg numbness; Aspirin 325mg daily
Patient can not feel hot or cold. Patient's symptoms started to lessen and then 6 hours later the same symptoms returned.; This study is being ordered for a neurological disorder.; 9-1-2015; There has been treatment or conservative therapy.; Dizziness, Left side of face numb and tingling, mouth droop, left eye droop, slurring speech, parasthesia in right torso and all limbs; MRI, stress ECHO, Ultrasound, was also given Plavix and Aspirin

Patient had a CVA and TIA 9/2015; This study is being ordered for a neurological disorder.; 9/25/2015; There has been treatment or conservative therapy.; Dizzy, numb in left arm and face, shaky, nervous all the time, forgetfulness, snores, difficulty sleeping, migraines, panic attacks.; Plavix then changed to Xarelto.

Patient of 53 yo rh male. n 7/15/15 episode of feeling rare, like all his body was numb, slurred speech. He understood everything on his around. His laertness was normal. Weakness that started on his left hemibody and spread all over. In the ER he was tol; This study is being ordered for a neurological disorder.; Patient of 53 yo rh male. n 7/15/15 episode of feeling rare, like all his body was numb, slurred speech. He understood everything on his around. His laertness was normal. Weakness that started on his left hemibody and spread all over. In the ER he was tol; There has been treatment or conservative therapy.; Patient of 53 yo rh male. n 7/15/15 episode of feeling rare, like all his body was numb, slurred speech. He understood everything on his around. His laertness was normal. Weakness that started on his left hemibody and spread all over. In the ER he was tol; Brain MRI done in 9/29 is reported as normal, no stroke. he was started on Plavix and Atorvastain.

possible stroke; This study is being ordered for a neurological disorder.; looking for a possible stoke; There has been treatment or conservative therapy.; Neuro Positive Dizziness, Headache, Memory impairment.; 11/03/2015 clopidogrel 75 mg tablet take 1 tablet by oral route every day 10/23/2015 Lexapro 20 mg tablet take 1 tablet by oral route every day 04/28/2015 losartan 50 mg tablet take 1 tablet by oral route every day 09/27/2015 meclizine 25 mg

She has a strong family history of cancer (Both her mother and sister) She had a Neuropsych Eval that suggested a CTA head/Neck as her decline suggested a possible vascular etiology.; This study is being ordered for a neurological disorder.; August of last year; There has been treatment or conservative therapy.; her speech is delayed and she has problems finding words and getting words out, chronic daily headaches, hearing lost in both ears, vertigo, tinnitus, and difficulty Swallowing.; Lamictal 25mg QHS titrating up to 100mg BID

She's had 3 episodes of at least some degree of loss of consciousness. One episode she was sitting outside. She then became unable to move. She says her arms and legs would not move despite her willing them to.; This study is being ordered for a neurological disorder.; October 2015; There has been treatment or conservative therapy.; She describes a "whirling" which is often severe. It has woken her up from sleep. It does not seem to be overly positional. It can occur when standing or seated. It does not seem to be exacerbated by movement.; patient has seen ENT with no confirmed inner ear source. MRI has been done showing no source.

The episode of left weakness, tongue paresthesia, and altered thinking likely represents a TIA. The differential would include migraine are without headache.; Continue clopidogrel.; If evaluation is otherwise unrevealing then treatment for atherosclerosis; This study is being ordered for Inflammatory/ Infectious Disease.; 10/23/2015; It is not known if there has been any treatment or conservative therapy.; Ms. Waters notes that she was feeling fine when suddenly her left arm felt rubbery or floppy or weak and she began walking funny. She discerned that the gait disorder was due to left leg weakness. Her blood pressure was checked and found to be fine. Sh

TIA or reversible ischemic neurologic deficit (RIND). He will need a CT Angiogram and MRI with and without contrast.; This study is being ordered for a neurological disorder.; In Early November; There has been treatment or conservative therapy.; Developed left facial numbness including the inside of his mouth on the left. No Sensation either internally or externally. Right hand numbness. Swallowing became difficult and he developed uncontrolled hiccoughs.; Aspirin a day unknown; This study is being ordered for a neurological disorder.; 09/10/2015; There has been treatment or conservative therapy.; DIZZINESS, AND CHRONIC HEADACHES, NECK PROBLEMS; PT, and OTC medications

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/15; There has not been any treatment or conservative therapy.; double vision, numbness of face and numbness and tingling of the upper extremities, memory loss

unknown; This study is being 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

vomited; This study is being ordered for a neurological disorder.; 10/03/2015; There has not been any treatment or conservative therapy.; pt is passing out, slurred speech
Yes, this is a request for CT Angiography of the Neck.

"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for post-operative evaluation.

; This study is being ordered for a neurological disorder.; 07/30/2015; There has been treatment or conservative therapy.; headaches, extremity in weakness, numbness, balance problems; medication- tramadol

R/O ACUTE DISEASE- FURTHER EVAL; This study is being ordered for a neurological disorder.; 10/2014; There has been treatment or conservative therapy.; VISION CHANGES, INCREASED FATIGUE, NUMBNESS AND TINGLING IN EXTREMITIES;
MEDICATIONS

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.

< 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.; chronic migraines, most of her migraines are accompanied by nose bleeds, pain always is on the left side of her brain/ family history of brain anersym

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 > ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for a neurological disorder.; May 1 2014; There has been treatment or conservative therapy.; stroke; medications: clopidogel, Plavix, aspirin, gabapentin

Enter answer here - PT CT Head showed no acute pathologic pre or post contrast head CT Findings. Noted left posterior frontal and deep white matter vascular structures likely representing a benign venous angioma. want MRI to rule out tumor, stroke, etc: ; This study is being ordered for a neurological disorder.; Enter date of initial onset here - 2 months ago; There has been treatment or conservative therapy.; Describe primary symptoms here - Associated symptoms include photophobia, phonophobia, Nausea, Dizziness. migraines last several hours and sometimes a few days.; Describe treatment / conservative therapy here - PRN ibuprofen

MRI Brian r/o tumor, compare to previous in 2014, patient has venous angioma and small abnormal WM areas in frontal lobe. MRA as well due to venous angioma found on scan in 2014, Since the headache is in the frontal area, we need to repeat his MRA to rule; This study is being ordered for a neurological disorder.; Since childhood; There has been treatment or conservative therapy.; Headaches and Difficulty seeing.; Topamax 50 mg BID.

None; This study is being ordered for a neurological disorder.; July 2015; There has been treatment or conservative therapy.; photophobia, phonophobia and dizziness with occasional double vision, ringing in left ear; meds only

OTC medications taken.; This study is being ordered for a neurological disorder.; Unknown 2012; There has not been any treatment or conservative therapy.; Dizziness, sharp throbbing pain r side of head. Photophobia, phonophobia and nausea.

PATIENT HAS BEEN IN BED FOR ATLEAST TWO WEEKS. HEADACHES ARE VERY SEVERE.; This study is being ordered for a neurological disorder.; NOVEMBER 24, 2015; It is not known if there has been any treatment or conservative therapy.; SEVERE HEADACHES, BLURRY VISION, "DROOPING SENSATION ON RIGHT SIDE OF FACE."

Patient with 2 suspicious brain lesions and vasculitis and or stroke cannot be ruled out in patient with history of CVA; 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.

r/o aneurysm; This study is being ordered for a neurological disorder.; this year 2015; There has been treatment or conservative therapy.; Daily Headaches on the right side of his head that feels like aching. He admits to pulsating and throbbing.; Nortriptyline 25 mg

R/O: STENOSIS, ANEURYSM; 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.

She is wanting to rule out lesions or aneurysms in the head or neck.; This study is being ordered for a neurological disorder.; 10.12.2015; There has been treatment or conservative therapy.; Headache for two weeks. In the last week he has had vision disturbance, double vision and pain in his head when he turns it.; Pt has been taking Aleve.

SUDDEN ONSET HEADACHE FAMILY HISTORY OF ANNEURYSM; This study is being ordered for a neurological disorder.; 10/01/2015; There has been treatment or conservative therapy.; SUDDEN ONSET SEVERE HEADACHE  FAMILY HISTORY OF ANNEURYSM; MEDICATION

The doctor would like to repeat the MRI scan to confirm this does not represent some other lesion besides an ischemic lesion, and when we do so she wants to do an MRA of her intracranial vessels.; This study is being ordered for Vascular Disease.; SEPTEMBER 2 2015; There has been treatment or conservative therapy.; DIZZINESS, DIFFICULTLY USING HER RIGHT HAND; CT MRI PLAVIX

the patient is having vertigo and migraines; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; the patient is having vertigo and migraines; There has not been any treatment or conservative therapy.; the patient is having vertigo and migraines

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 been a stroke or TIA within the past 2 weeks.; 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.

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.

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.

There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.

This is a follow up of a known AVM; This study is being ordered for Congenital Anomaly.; December 2013; There has been treatment or conservative therapy.; Numbness in hands, impaired vision; Embolization in 2013. Microsurgical resection in 2014.

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."

This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.

This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.

unknown; This study is being ordered for a neurological disorder.; Within the past 3 months; There has been treatment or conservative therapy.; nausea and photo phobia; Medications

With her age coupled with the vision changes, urinary frequency/Incontinence, and dizziness raises the possibility of a demyelinating process such as Multiple sclerosis. Given the Family history of brain aneurysm . will get Aneurysm screening.; This study is being ordered for a neurological disorder.; been ongoing for 2-3 years; It is not known if there has been any treatment or conservative therapy.; She has pain behind her right eye intermittently. this has been ongoing for 2-3 years and is often brought on by looking side to side. This is often associated with a tension type headache all over her head. She reports Nausea that occurs when she turns h

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >; ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for a neurological disorder.; May 1 2014; There has been treatment or conservative therapy.; stroke; medications: clopidogel, Plavix, aspirin, gabapentin

It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; The ultrasound showed dissection or tearing of the wall of the artery. The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.

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.

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.

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.

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."

This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.

This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.

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.

With her age coupled with the vision changes, urinary frequency/Incontinence, and dizziness raises the possibility of a demyelinating process such as Multiple sclerosis. Given the Family history of brain aneurysm . will get Aneurysm screening.; This study is being ordered for a neurological disorder.; been ongoing for 2-3 years; It is not known if there has been any treatment or conservative therapy.; She has pain behind her right eye intermittently. this has been ongoing for 2-3 years and is often brought on by looking side to side. This is often associated with a tension type headache all over her head. She reports Nausea that occurs when she turns h

< 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.

< 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 request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.

< 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.

< 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.; chronic migraines, most of her migraines are accompanied by nose bleeds, pain always is on the left side of her brain/ family history of brain anersym

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; mbr blurred vision weakness gait disturbance; medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; member tends to fall to the left.; did physical therapy..

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

. The patient is here today for a new problem. The patient complains of frequent falls. The patient has a history of neuropathy. She complains that this is getting worse. She complains that her dog recently touched her leg and she collapsed to the flo; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.

; This request is for 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).

; This 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 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.; 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.

; 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).

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 10/16/2012; There has been treatment or conservative therapy.; memory loss neck pain weakness; medications

; This study is being ordered for a neurological disorder.; a few weeks prior to 11/03/15; It is not known if there has been any treatment or conservative therapy.; History of Present Illness:  49yo RH lady here for follow up of above, receiving botox injections for chronic migraine and doing well with these, has decreased her overall headache days significantly, no change in location/severity, remains predominatel

; This study is being ordered for a neurological disorder.; First seizure was in 1963 when the patient was in first grade and has continued until present with seizures getting worse and more frequent. Patient does lose control of his bodily functions during episodes and it can last up to 20 minutes.; There has been treatment or conservative therapy.; Seizures lasting 20 minutes or longer, lower back pain that causes lose of mobility and effects daily functions.; His treatment has been anticonvulsant medications prescribed by another physician until his initial consult with our office on October 31, 2015.

; This study is being ordered for a neurological disorder.; Here today for a follow up with her problems with Multiple Sclerosis. Recently started job working in kitchen and had to quit because she was unable to tolerate heat. Today she reports increased stress due to everyday life situations. Reports that left ; There has been treatment or conservative therapy.; Here today for a follow up with her problems with Multiple Sclerosis. Recently started job working in kitchen and had to quit because she was unable to tolerate heat. Today she reports increased stress due to everyday life situations. Reports that left ; 1. Multiple Sclerosis- relapsing remitting. Continue Copaxone. Explained MS exacerbation vs. pseudo exacerbation related to heat and stress, she is experiencing increased stress and heat intolerance which have made symptoms worse. She will wear cooling ve

; This study is being ordered for a neurological disorder.; May 1 2014; There has been treatment or conservative therapy.; stroke; medications: clopidogel, Plavix, aspirin, gabapentin

; This study is being ordered for a neurological disorder.; Mr. Doss is a 60 yo Rt handed WM who presented to the clinic for f/u for MS. As per prior clinic note his initial complaints started with h/o R foot numbness in April 2013. " He went to the dentist for dental work and when he returned he had foot tingling; There has been treatment or conservative therapy.; Work up:  Per prior clinic note " CSF results not available but one document mentioning CSF postive for MS. MRI done without contrast as he did not tolerate it. 4/3/2013 : flair signal intensity 8 mm focus of increasd flair signal with left frontal corte;

1. consul  Woman with ~10y/h/o HAs. Used to be rare, but became gradually more frequent. Always has some 5/10 HA now, c R occipital pain rad forward, c dull ache. 1-2x/w gets more severe, 10/10 c stabbing R-sided pain growing to holocranial. + 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.; 08/14/2015; There has been treatment or conservative therapy.; 1. consul  Woman with ~10y/h/o HAs. Used to be rare, but became gradually more frequent. Always has some 5/10 HA now, c R occipital pain rad forward, c dull ache. 1-2x/w gets more severe, 10/10 c stabbing R-sided pain growing to holocranial. + t; Woman with ~10y/h/o HAs. Used to be rare, but became gradually more frequent. Always has some 5/10 HA now, c R occipital pain rad forward, c dull ache. 1-2x/w gets more severe, 10/10 c stabbing R-sided pain growing to holocranial. + throbbing +N/ no V

1. consul, bells palsy, dizziness  Woman presented to primary care 2-3 weeks ago with left facial droop and numbness, ear pain. Had had a few d of HA (pressure), then a couple days L earache. Then The day of onset, her contacts were bothering her. ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.

36 YEAR OLD PATIENT WITH RIGHT SIDE FACE AND ARM NUMBNESS WITH TREMORS. PATIENT HAS BILATERAL NUMBNESS AND TINGLING. NEG EMG. WANTS MRI TO RULE OUT MS.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

5 years history of tremors that started on both hands and for the last year have involved his head. Worse in the right arm. Resting and positional 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.; 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.

7-8 mth dizziness no body move associated with the dizziness, has to sit to stable herself form dizziness spell to continue daily activities; This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The condition is not associated with headache, blurred or 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.; The patient is experiencing vertigo alteration of consciousness with migraines; 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.

Arachnoid cyst; This request is for a Brain MRI; The study is NOT 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).; 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 surgery is planned within the next 4 weeks.; It is not known if an operation for shunt placement (for brain fluid drainage) is being considered or a non-metalic shunt is not functioning correctly.; The patient has a congenital abnormality.

Ataxia of gait, memory loss and tremors--rule out intracranial mass lesion or Parkinson's disease.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

Daily Headaches  Fallen and hit her head; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

DIFFICULTY WITH SHORT TERM MEMORY; 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.

Dr. wants to rule out any lesion or mass due to headaches. Dr. wants to rule out any cervical lesion or compression with MRI of the c-spine.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; It is not known if there has been any treatment or conservative therapy.; HEADACHE, ALWAYS DULL PAIN AND PAIN BEHIND EYES AND LIGHT SENSITIVITY. NECKPAIN RADIATES DOWN ARMS. TIGHTNESS IN NECK SQUEEZING IN HEAD.

Enter answer here - Dr. Want to rule out aneurysm since the headaches always involve the same side; This study is being ordered for a neurological disorder.; Enter date of initial onset here - 11/12/2014; There has been treatment or conservative therapy.; Describe primary symptoms here - sharp, throbbing pain, associated symptoms include: Photophobia, Phonophobia, nausea, vomiting, blurred vision, and dizziness.; Describe treatment / conservative therapy here - OTC Ibuprofen, APAP and Topamax 25mg

Enter answer here - Migraines Last for about two days and occur twice a week; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Enter answer here - or Type In Unknown If No ICC:  Ms. Davis is a 57 year old White female. This is her first visit to the clinic. She presents with memory loss and confusion. Ref. Dr. Bryan Mc Donald in Arkadelphia Per Husband of 40 years this all st; This request is for a Brain MRI; The study is 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.

Enter answer here - PT CT Head showed no acute pathologic pre or post contrast head CT Findings. Noted left posterior frontal and deep white matter vascular structures likely representing a benign venous angioma. want MRI to rule out tumor, stroke, etc: ; This study is being ordered for a neurological disorder.; Enter date of initial onset here - 2 months ago; There has been treatment or conservative therapy.; Describe primary symptoms here - Associated symptoms include photophobia, phonophobia, Nausea, Dizziness. migraines last several hours and sometimes a few days.; Describe treatment / conservative therapy here - PRN ibuprofen

Enter answer here - The Dr. Want a MRI Brian to assess the Meningioma and a MRA to rule out stenosis or Aneurysm.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Describe primary symptoms here - Dizziness and Syncope.;

Enter answer here -Patient has leftsided tremors. that are getting worse. and Optical Migraines.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Enter answer here Patient has possible right side is weaker than her left., memory loss. headaches, Dizziness. she had an episode where her speech became slurred and got stuck on words. sometimes she has trouble swallowing; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.

Enter answer she reports total of 2 generalized seizures. both were associated with tongue biting and bladder incontinence; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.

Enter Symptoms have persistent for over a year and seem to be getting worse. The problems and always leaning toward the left are concerning as are the confusion. Need to rule out stroke, tumor, demyelinating process. for a cervical spine MRI to rule out c; This study is being ordered for a neurological disorder.; Enter date of initial onset here - a little over a year ago; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - difficulty finding words and remembering names. Episodes where she spaces out. neck hurts, she has shooting pain back down both arms that causes numbness and burning pain.

Evaluating for headaches/ loss of consciousness and balance/ experiencing passing out and fainting for about four years now/ complains of some blurred vision only when standing up to walk; This request is for 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).

facial numbness, Rule out a stroke; 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.

Female with no efficacy episodic migraine within the last 5 years has progressed to chronic daily headaches with more than 25 days of exacerbations with migrainous features such as nausea vomiting photophobia and phonophobia. This point it is prudent to d; This request is for 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).

FOLLOW UP TO A KNOWN 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.; 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).

h/a  knot on top of patient head with NO trauma  when patient has a h/a the knot gets bigger; 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)

Having problems with memory, short term memory loss, trouble sleeping.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

HE IS HAVING EPISODES OF LOSS OF CONSCIOUSNESS FOR ABOUT EVERY 2 WEEKS. SOME OF THE SPELLS OCCUR WITHOUT WARNING, SOME OCCUR WITH A WARNING. WHEN HE HAS A WARNING HE REPORTS THAT HE GETS EXTREMELY HOT, FEELS HE HAS TO TAKE HIS CLOTHES OFF BECAUSE HE BEGINS TO SWEAT; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.

Headache is stabbing in nature, no aura related to headache. Severe photophobia, phonophobia and visual disturbance associated mostly with left side but sometimes on the right.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Headaches increasing in frequency associated with memory loss and alteration 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.

Her Previous MRI about ten years ago did show White Spots. She does complain of memory loss. She says that for the last ten years she has had a constant brain fog.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

Here for follow up of MS. Started on Copaxone about 18 months ago and tolerating it well and overall feels better. Still with anterior t Schedule MRI brain, cervica/thoracic/lumbar spine in December (to be done in Hot Springs) for follow up of MS and de; This study is being ordered for a neurological disorder.; Patient was diagnosed with MS in 2012; There has been treatment or conservative therapy.; History: Bobby returns today for a follow up visit of his problems with multiple sclerosis. He reports new onset of bilateral leg soreness and weakness, history of back surgery last year. He has lost 40lbs recently on the paleo diet and has started working; Patient is on Copaxone 40 MG three times a weekly injection.

History / Dx: EEG suggesting sharp waves. She has had a few episodes of buzzing in her head - an intense swarm of bees buzzing type sensation. She would then get weak and would lie down and close her eyes. She has also had a few episodes where she wil; This study is being ordered for Inflammatory/ Infectious Disease.; 09/02/2015; There has been treatment or conservative therapy.; R/O: SARCOID, ENCHANCING LESIONS, HEADACHE, SPINE PAIN, SEIZURES; Medications: 10/05/2015 CYCLOBENZAPRINE HCL, 10/05/2015 GABAPENTIN; Topiramate and she is now on 37.5 twice a day. Spinal pain. Involves her neck, her thoracic region as well as her lumbar spine. Will prescribe physical therapy. She also wishes to

HISTORY OF ANOSMIA WITH SOME DIZZINESS AND DEEP WHITE MATTER NOTED ON PREVIOUS MRI. MRI REQUESTED TO RULE OUT NEW LESIONS.; This request is for a Brain MRI; The study is 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.

hypersensitivity to smell/ severe memory loss / trouble forming words having spells and tremors;/ This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The 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.

IMPRESSION: Pleasant 45 year old female with chronic daily headaches. Several elements point toward migraine. Will start low dose Topiramate and titrate up slowly to 25 twice a day. Will also concurrently start migraine diet modification. We will ord; This study is being ordered for a neurological disorder.; 10/04/2015; There has been treatment or conservative therapy.; IMPRESSION: Pleasant 45 year old female with chronic daily headaches. Several elements point toward migraine. Will start low dose Topiramate and titrate up slowly to 25 twice a day. Will also concurrently start migraine diet modification. We will ord; IMPRESSION: Pleasant 45 year old female with chronic daily headaches. Several elements point toward migraine. Will start low dose Topiramate and titrate up slowly to 25 twice a day. Will also concurrently start migraine diet modification. We will ord

LH Woman with onset age 13 of L face drooping that never resolved. L eye won't close reliably, and doesn't fully open. "When I eat, my eat eats, too." Gets tightness in L face, and L temporal HAs. Wakes up with numbness in L occipital scalp. HA occurs daily; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

loss of consciousness and seizures.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

memory loss, depression, pseudodementia, do work up to rule out causes, sleep disturbance, weight loss, crying spells and insomnia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

Memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

migraines with blurred vision and tingling upper extremity; This request is for 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).

MRI Brain and spinal screening to rule out possible tumors involving the central nervous system; This study is being ordered for a neurological disorder.; 2014; There has not been any treatment or conservative therapy.; Headaches, she has had a left leg tumor since birth. mild thoracic pain

MRI Brain r/o tumor, compare to previous in 2014, patient has venous angioma and small abnormal WM areas in frontal lobe. MRA as well due to venous angioma found on scan in 2014, Since the headache is in the frontal area, we need to repeat his MRA to rule; This study is being ordered for a neurological disorder.; Since childhood; There has been treatment or conservative therapy.; Headaches and Difficulty seeing;; Topamax 50 mg BID.

Mrs Crawford comes in with complaints of short term memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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.

Ms. Poush is a 27 yo right handed lady who presents for evaluation of with a long history of migraine headaches, as long as she can remember, "probably since I was 12". Her current headache symptoms started in June 2015 and are different from her previous; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Ms. Whited is accompanied today by her sister. The patient complains of headaches. The patient reports they started about three months ago. The patient reports that this was first thought her sinuses. She was taking Ibuprofen however this got to where ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

MS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; multiple sclerosis; medications, infussion

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.; 2015; There has been treatment or conservative therapy.; weakness, speak slur; medications,

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; The condition is not associated with headache, blurred or 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.

need to rule out myeloma.; This study is being ordered for a neurological disorder.; Diagnosed with MS in 2006; Back and right sided weakness; started May 21 2015; There has been treatment or conservative therapy.; MS with right sided weakness and thoracic back pain; patient has been given Flexeril, diclofenac and had nerve blocks with pain management

none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

none; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.; This is not a new patient.

None; This study is being ordered for a neurological disorder.; July 2015; There has been treatment or conservative therapy.; photophobia, phonophobia and dizziness with occasional double vision, ringing in left ear; meds only

numbness and tingling in extremity, r/o demyelinating process; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

numbness of her body, tingling in arms and hands, chronic pain; This study is being ordered for Vascular Disease.; 11-18-2015; There has been treatment or conservative therapy.; numbness of upper limb chronic neck pain; unknown

Onset of headache was gradual and location is frontal right parietal, temporal left and temporal right. The problem is unchanged. Associated symptoms include bladder incontinence dizziness, headache motor weakness, parathesia tingling and tremors; 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.

OTC medications taken.; This study is being ordered for a neurological disorder.; Unknown 2012; There has not been any treatment or conservative therapy.; Dizziness, sharp throbbing pain r side of head. Photophobia, phonophobia and nausea.

other neuro gave her a possible diagnosis of multiple sclerosis but never did any testing.; 45-year-old lady with some clonus in the lower extremities. She's not overly spastic. Her knees and her arms are not hyperactive as well. There is no Hoffman re; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; 45-year-old lady presents with clonus. This apparently is in bilateral lower extremities. She reports the clonus in her ankles. She's had multiple head injuries in the past. She was in an abusive marriage and has been knocked unconscious several times.; patient has seen numerous doctors. pain specialists and other neuro doctors.; she has been placed on baclofen and other medications to help control her symptoms.

Over the past year she reports that her headaches have returned and her vision seems to be declining too. The headache occurs all over her head and is a throbbing pain.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Patient has Memory Loss, she frequently loses train of thought., she also has pain that radiated to the left arm, right arm, left root and right foot.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; 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.

Patient had a syncope episode fell and hit his head. his mom states carter came out of the bathroom and asked where am I and then he went to class and said a few more things and said his head hurt and he touched his head and had blood on his hand and thou; 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.

Patient had knee lesion on previous mri.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Patient has MS. Follow up; Patient is taking medications as well as message therapy.

Patient has a history of hand tremors, memory loss and headaches over the past year. her initial MRI of brain showed a lesion in the right frontal lobe and her VER was unremarkable.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.

PATIENT HAS BEEN IN BED FOR ATLEAST TWO WEEKS. HEADACHES ARE VERY SEVERE.; This study is being ordered for a neurological disorder.; NOVEMBER 24, 2015; It is not known if there has been any treatment or conservative therapy.; SEVERE HEADACHES, BLURRY VISION, "DROOPING SENSATION ON RIGHT SIDE OF FACE."

patient has been passing out with memory loss; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

Patient has Left sided Weakness and Numbness. Symptoms began back in 2007. A Mri in April of 2015 showed two punctate white matter lesions in the right cerebral hemisphere(nonspecific).; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

patient has right sided numbness. she has right flank pain which started in April; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Patient has Seizures and a ICH A year ago; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.

Patient has uncontrolled headache on daily basis.; This request is for 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).

patient having episodic confusion with memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Patient is experiencing memory loss as well as off balance and vertigo, tingling in feet and numbness.; 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.

patient is experiencing spasms,paresthesias, and we want to rule out Multiple sclerosis; 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.

Patient of 37 yo rh female with headache and h/o brain tumor coming for her follow up. She was doing well until middle of October. Since then she has 1-2 episodes per week. Intensity: 9/10. Duration: 1-2 days. She has to increase topiramate 25 mg tid sin; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Patient of 51 yo rh male with h/o SDH 2 years ago. He fell from a roof. He had a surgical procedure 2 months after his fall in Springfield-COX. Just after that surgery he had a stroke that affected his speech and his "motor skills". Since then, he has pro; 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).

Patient of 58 years old right-handed female with more than 40 years history of diabetes that seems is not in good control. She also has history of peripheral neuropathy, that most likely is related to her diabetes. She stated bilateral feet pain that is d; 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).

patient scored a 24 on her clinical SLUMS evaluation; 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.

Patient with cavernoma and stroke recently. needs follow-up; 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).

Patient with headaches, sudden onset new worsening headache, different than prior headaches. unrelieved by acute treatment medication changes; 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.

Patient with complete loss of all sensory modalities from the head to the toe which is non-physiologic with normal exam otherwise. She relates that she has had some questionable history of neurologic abnormality whether or not she had mild Arnold-Chiari. C; This study is being ordered for a neurological disorder.; 12/01/2000; There has been treatment or conservative therapy.; Pt states she began having seizures with episodes of passing out, jerking, apparently she felt that those episodes were triggered by stress. She has numbness that goes over all her body. She feels like she has lost sensation completely of her entire body.; Keppra, Meloxicam, Oxycodon, CT,

Problem #2: Pineal mass. Radiologist recommended Gadolinium study. Depending on what this shows may need to refer her to the neurosurgeons. MRI brain reviewed today and some chronic ischemic changes seen and a pineal mass was also seen that was a ; 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.
Pt blacked out while driving. Pt had headaches and N&V; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; blacking out and sprang ankle;

PT HAD AN EPISODE WHERE SHE TOOK A NAP DURING THE DAY THEN WOKE UP FROM IT AND SHE COULDN'T MAKE ANY SENSE AND SHE HAD NO MEMORY. HER MEMORY IS GETTING WORSE SHE IS SLOW TO THINK. A FEW YEARS AGO SHE HAD A TIA. SHE IS UNDER MAJOR STRESS AND THIS MAY BE 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.; 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.

Pt has been having dizziness for two months. She states that it bothers her when she is laying flat, turning over in bed, as well as sometimes when she is looking at her computer. She states it does affect her vision. She states she does not feel faint or; 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.

Pt has been having problems with memory loss and confusion.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.

Pt has known MS; This study is being ordered for a neurological disorder.; 10-2014; There has been treatment or conservative therapy.; Pt has increased numbness and blurred vision; Pt is on Tysabri (medication)

Pt has movement disorder present for years but getting worse. R/O structural abnormality in brain; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

PT. had a motor vehicle accident on August 24th. She was briefly knocked unconscious. About 30 min after the accident she started having a severe headache. She described her migraines as across her forehead and behind her eyes. This was the worst one.; 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.; It is unknown if the patient has 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.

R/O ACUTE DISEASE- FURTHER EVAL; This study is being ordered for a neurological disorder.; 10/2014; There has been treatment or conservative therapy.; VISION CHANGES, INCREASED FATIGUE, NUMBNESS AND TINGLING IN EXTREMITIES; MEDICATIONS

r/o aneurysm; This study is being ordered for a neurological disorder.; this year 2015; There has been treatment or conservative therapy.; Daily Headaches on the right side of his head that feels like aching. He admits to pulsating and throbbing.; Nortriptyline 25 mg

REPEAT MRI OF BRAIN BECAUSE HAS MANY ISSUES AND THINK MEDICATION MAY BE ISSUES WANTS KEPPRA FOR HEADACHES. HYPONATREMIA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/8/2006; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATION NERVE CONDUCTION STUDY

Right leg weakness, right arm weakness, CVA, right sided tingling and numbness in shoulder for the last six months into all five fingers of the hand.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.

Rule out central nervous disorder and cervical myelopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March 2015; It is not known if there has been any treatment or conservative therapy.; Tremor bil legs for 6 months increased with standing. Left foot numbness and the right fingers numb and tingling. Muscles spasms and right trunk It triceps. Hyperflexia diffuse right greater than left.

She apparently was talking with a client and developed some pain behind her right ear. She stated that it kind of radiated down the right jaw. She then noticed that she was having difficulty with drawing of the right side of her mouth. She then had difficulty; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has Bell's Palsy.

She can get some blurry vision prior to the headaches which may continue during a headache. + stabs and jabs and random night time awakenings. Daily and continuous headaches since May of 2015. 2 rule out secondary disorders I will do an MRI, MRA and MRV; This request is for 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).

She had a large right acoustic neuroma tumor removed. There is a question about whether or not there is a recurrence of her neuroma. Dr. Krisht is ordering this MRI with contrast to help with that decision.; This 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).

She is wanting to rule out lesions or aneurysms in the head or neck.; This study is being ordered for a neurological disorder.; 10.12.2015; There has been treatment or conservative therapy.; Headache for two weeks. In the last week he has had vision disturbance, double vision and pain in his head when he turns it.; Pt has been taking Aleve.

She reports that in the last decade her headaches have increased in frequency and severity but she is never had an MRI. Get some blurry vision and some conjunctival injection along with some nausea, photophobia, phonophobia.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

She states she has chronic cerebral ischemia and memory has worsened drastically. She reports Losing 100lbs recently and eats mostly vegetables. MRI Brain to r/o tumor and a MRA brain to rule out aneurysm.; This study is being ordered for a neurological disorder.; the last few months; There has not been any treatment or conservative therapy.; Head and hand are shaking, She reports forgetting long term events from her kids recollection. Headaches feel like Lightning bolt goes through her left temple and not frequent. Frequent falls and injuries from falls.

SHE STATES THAT SHE IS HAVING MORE TROUBLE WITH HER MEMORY THAT HER FAMILY IS BECOMING CONCERNED. SHE STATES THAT SHE WILL TELL THEM THE SAME STORY, CANNOT REMEMBER THAT SHE HAS TOLD THEM THAT. SHE REALLY FEELS THAT THINGS ARE GETTING WORSE WHEN SHE IS ST; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

She was seen for the evaluation of dizziness and headache. The patient's main problem is she veers to the side when she walks. she will go to either side, more to the right than to the left, and she has been falling. She fell 3 times significantly in August; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

She's also had some hallucinations. She also reports periods of disorientation.; 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.

Since she is having some paresthesias and it's been a year since her last MRI's, she wants to make sure nothing is going on with that and to continue to monitor her and to see her back after her studies.; This study is being ordered for Inflammatory/ Infectious Disease.; 12/3/2013; There has been treatment or conservative therapy.; She has had just a few twinges of pain over the summer. She also has had some irritaion when she is doing her arms and legs so she is mostly doing her hips and abdomen. She has occasionally paresthesias, but they are not lasting long.; Oxtellar and Copaxone 40 mg

SIX MONTH FOLLOW UP OF A MULTICYSTIC, VERY LARGE SUPRASELLAR AND RETROCHIASMATIC CRANIOPHARYNGIOMA.; This 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).

Strong Family HX of Alzheimer's; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; 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.

SUDDEN ONSET HEADACHE FAMILY HISTORY OF ANNEURYSM; This study is being ordered for a neurological disorder.; 10/01/2015; There has been treatment or conservative therapy.; SUDDEN ONSET SEVERE HEADACHE  FAMILY HISTORY OF ANNEURYSM; MEDICATION

suspect cervical radiculopathy and carpal tunnel. The numbness in the left foot could be from lower lumbosacral radiculopathy or entrapment of the common peroneal nerve at the knee level; This study is being ordered for a neurological disorder.; one year ago; There has been treatment or conservative therapy.; Tingling in ring and pinkie finger on the left and tingling in her 4th, and 5th toes on her left foot. Chronic neck pain, Headaches 3-4 times per week all over her head and sensitive to light and noises .; Patient had Therapy for her neck pain and has been stopped since she started having worsening pain

THE DOCTOR WOULD LIKE TO REPEAT HIS MRI THAT WAS PERFORMED A YEAR AGO TO SEE IF THERE ARE ANY CHANGES AS IN WHITE MATTER CHANGES SINCE THE PT HAS KNOWN MULTIPLE SCLEROSIS.; This study is being ordered for a neurological disorder.; 2011; There has been treatment or conservative therapy.; BILATERAL LEG WEAKNESS AND NUMBNESS. HAVING EPISODES OF LEFT ARM DRAWING UP.; BETASERON, GABAPENTIN, TRAZADONE

The doctor would like to repeat the MRI scan to confirm this does not represent some other lesion besides an ischemic lesion, and when we do so she wants to do an MRA of her intracranial vessels.; This study is being ordered for Vascular Disease.; SEPTEMBER 2 2015; There has been treatment or conservative therapy.; DIZZINESS, DIFFICULTLY USING HER RIGHT HAND; CT MRI PLAVIX

the last 2 years the patient has reported bilateral occipital pain radiating in the front with a throbbing pulsating pain occurring about 10 days per month off which 5 days or severe. Associated symptoms include nausea, photophobia, phonophobia, osmophobi; This request is for 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).

the patient is having vertigo and migraines; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; the patient is having vertigo and migraines; There has not been any treatment or conservative therapy.; the patient is having vertigo and migraines

These are described as no show seizures.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Seizures associated with urinary incontinence and severe confusion lasting for several days.; patient has been taking Kepra for his seizures

This is a follow up of a known AVM; This study is being ordered for Congenital Anomaly.; December 2013; There has been treatment or conservative therapy.; Numbness in hands, impaired vision; Embolization in 2013. Microsurgical resection in 2014.

This is a follow up of a known left posterior temporal lobe astrocytoma. Patient underwent craniotomy.; This 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).

This is a yearly follow up. Patient had a very large acoustic neuroma which was resected in 2014. This MRI is to make sure there is no recurrence.; This 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). This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.

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.

This 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.

This request is for 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.

This request is for 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.

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.

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.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; 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.

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.

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.

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.

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 being ordered as a 12 month annual follow up.; The patient has new symptoms.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing vertigo

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.

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 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.

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.

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.

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.

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.

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.

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.

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.

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).

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; The patient is taking Tysabri (Natalizumab).

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.; This is a new patient.

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.

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.

TIA or reversible ischemic neurologic deficit (RIND). He will need a CT Angiogram and MRI with and without contrast.; This study is being ordered for a neurological disorder.; In Early November; There has been treatment or conservative therapy.; Developed left facial numbness including the inside of his mouth on the left. No Sensation either internally or externally. Right hand numbness. Swallowing became difficult and he developed uncontrolled hiccoughs.; Aspirin a day

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.; 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.

unknown.; This study is being ordered for a neurological disorder.; 10/12/2015; It is not known if there has been any treatment or conservative therapy.; headache, weakness, lightheadedness, had TIA 5/2015, syncope, chronic fatigue, generalized pain, spells of change in awareness

unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, 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).

unknown; This study is being ordered for a neurological disorder.; Within the past 3 months; There has been treatment or conservative therapy.; nausea and photo phobia; Medications

With her age coupled with the vision changes, urinary frequency/Incontinence, and dizziness raises the possibility of a demyelinating process such as Multiple sclerosis. Given the Family history of brain aneurysm . will get Aneurysm screening.; This study is being ordered for a neurological disorder.; been ongoing for 2-3 years; It is not known if there has been any treatment or conservative therapy.; She has pain behind her right eye intermittently. this has been ongoing for 2-3 years and is often brought on by looking side to side. This is often associated with a tension type headache all over her head. She reports Nausea that occurs when she turns h

With sudden onset of headache like she describes aneurysm or other vascular abnormality must be ruled out.; This study is being ordered for a neurological disorder.; Acute onset of headache, aphasia, and left hemiparesis on 9/29/15; There has been treatment or conservative therapy.; Acute onset of headache on 9/29/15 with associated aphasia and left hemiparesis. Symptoms of aphasia and left hemiparesis have resolved but headache continues on the left side of her head radiating into the left side of the neck and upper chest; Treated with a 10 day course of prednisone, pain medications

worsening headaches coupled with dizziness and vertigo along with a secondary complaint of confusion; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
WORSENING HEADACHES FOR 6 MONTHS WITH INCREASED FREQUENCY. PATIENT IS HAVING AT LEAST 2 HEADACHES PER WEEK.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Yearly follow up to a colloid cyst-was last seen on 11-18-2014.; This 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).

"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.
< 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.

just that see ocular 385.00 myasthenia gravis; "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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.

BRACHIAL PLEXOPATHY.; 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.

EMG/NCV performed showed a right C5 radiculopathy and a lower trunk braichal plexopathy on the right.; This study is being ordered for a neurological disorder.; December 5, 2015; There has been treatment or conservative therapy.; complains of right shoulder and arm pain with weakness with neck pain.; Given Prednisone 10mg  and cyclobenzaprine 10mg. Home stretches were given and patient has had no change in symptoms

Plexoph headaches; 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.

< 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.

; This study is being ordered for a neurological disorder.; Mark was seen with Dr. Jay Hinkle, and I agree with Dr. Hinkle's assessment; as well as history, physical, and examination. In brief, Dr. Williams had diffuse weakness and ataxia, unknown cause. MRI scans do not show spinal cord very well; There has been treatment or conservative therapy.; Mark was seen with Dr. Jay Hinkle, and I agree with Dr. Hinkle's assessment; as well as history, physical, and examination. In brief, Dr. Williams had diffuse weakness and ataxia, unknown cause. MRI scans do not show spinal cord very well; He is not going to practice medicine anymore because of his health issues; but he would like to keep his license. I told him that I think it will be very difficult for him to practice medicine given all of his health problems, so I endorse his going o
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.

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.; Mark was seen with Dr. Jay Hinkle, and I agree with Dr. Hinkle's assessment; as well as history, physical, and examination. In brief, Dr. Williams had diffuse weakness and ataxia, unknown cause. MRI scans do not show spinal cord very well; There has been treatment or conservative therapy.; Mark was seen with Dr. Jay Hinkle, and I agree with Dr. Hinkle's assessment; as well as history, physical, and examination. In brief, Dr. Williams had diffuse weakness and ataxia, unknown cause. MRI scans do not show spinal cord very well; He is not going to practice medicine anymore because of his health issues; but he would like to keep his license. I told him that I think it will be very difficult for him to practice medicine given all of his health problems, so I endorse his going o

The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study

; This study is being ordered for a neurological disorder.; Mark was seen with Dr. Jay Hinkle, and I agree with Dr. Hinkle's assessment; as well as history, physical, and examination. In brief, Dr. Williams has; had diffuse weakness and ataxia, unknown cause. MRI scans do not show his; spinal cord very well arou; There has been treatment or conservative therapy.; Mark was seen with Dr. Jay Hinkle, and I agree with Dr. Hinkle's assessment; as well as history, physical, and examination. In brief, Dr. Williams has; had diffuse weakness and ataxia, unknown cause. MRI scans do not show his; spinal cord very well arou; He is not going to practice medicine anymore because of his health issues,; but he would like to keep his license. I told him that I think it will be; very difficult for him to practice medicine given all of his health; problems, so I endorse his going o

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

< 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 >;

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/04/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; At Home exercise program with no relief

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; mbr blurred vision weakness gait disturbance; medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; member tends to fall to the left.; did physical therapy..

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2014; There has been treatment or conservative therapy.; decreased strength, low back and neck pain, antalgic gate, limited ROM, due to the pain in neck and back.; conservative therapy and has seen a pain mgmt mdo.

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 10/16/2012; There has been treatment or conservative therapy.; memory loss neck pain weakness; medications
; This study is being ordered for a neurological disorder.; 10/23/2015; There has been treatment or conservative therapy.; ;
; This study is being ordered for a neurological disorder.; 10-05-95; There has been treatment or conservative therapy.; extremity in weakness gait disturbance, numbness in extremity; medications

; This study is being ordered for a neurological disorder.; Here today for a follow up with her problems with Multiple Sclerosis. Recently started job working in kitchen and had to quit because she was unable to tolerate heat. Today she reports increased stress due to everyday life situations. Reports that left ; There has been treatment or conservative therapy.; Here today for a follow up with her problems with Multiple Sclerosis. Recently started job working in kitchen and had to quit because she was unable to tolerate heat. Today she reports increased stress due to everyday life situations. Reports that left ; 1. Multiple Sclerosis- relapsing remitting. Continue Copaxone. Explained MS exacerbation vs. psuedo exacerbation related to heat and stress, she is experiencing increased stress and heat intolerance which have made symptoms worse. She will wear cooling ve

; This study is being ordered for a neurological disorder.; Mr. Doss is a 60 yo Rt handed WM who presented to the clinic for f/u for MS. As per prior clinic note his initial complaints started with h/o R foot numbness in April 2013. " He went to the dentist for dental work and when he returned he had foot tingling; There has been treatment or conservative therapy.; Work up:  Per prior clinic note " CSF results not available but one document mentioning CSF postive for MS. MRI done without contrast as he did not tolerate it. 4/3/2013 : flair signal intensity 8 mm focus of increasd flair signal with left frontal corte;

; This study is being ordered for Inflammatory/ Infectious Disease.; 10-16-1995; There has been treatment or conservative therapy.; lower extremity spasticity; Botox injections

1- We need to evaluate for multiple sclerosis exacerbation while on copaxone
2- To check for any new multiple sclerosis lesions in the brain and spinal cord.
3- To decide about ongoing treatment for multiple sclerosis and the need to change her multiple; This study is being ordered for a neurological disorder.; May of 2015; There has been treatment or conservative therapy.; numbness in both legs , gait dysfunction, vibratory sensation along the entire spine.; Treated with copaxone for Multiple Sclerosis

AT THIS POINT AND TIME CERTAINLY WITH FASCICULATIONS AND WORSENING PARESTHESIAS IN THE UPPER AND LOWER EXTREMITY OF WHETHER OR NOT THE PROGRESSION OF HIS CERVICAL AND LUMBAR DISC DISEASE. HE DOES HAVE SOME WORSENING FASCICULATIONS. HE HAS HAD SOME COMPLEX 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.; 2012; There has been treatment or conservative therapy.; NECK AND BACK PAIN WITH DIFFUSE HYPERREFLEXIA, WITH WORSENING PARESTHESIAS, FASCICULATION IN HIS UPPER AND LOWER EXTREMITIES. HE IS HAVING MORE DIFFICULTY GETTING AROUND, MORE DIFFICULTY WITH LUMBAR CLADICATION TYPE SYMPTOMS AND SO IT IS VERY DIFFICULT TO FIX; HE HAS HAD LAMINECTOMY AND LUMBAR AS WELL AS SHOULDER SURGERY. HE HAS ALSO BEEN ON LYRICA, CYMBALTA AND NEURONTIN.

Dr is trying to rule out MS. Pt is showing a great deal of symptoms leading to MS.; This study is being ordered for a neurological disorder.; 07/2015; There has been treatment or conservative therapy.; Pt is having numbness and visual field deficits.; Pt was given medications with no improvement or relief.

EMG/NCV performed showed a right C5 radiculopathy and a lower trunk brachial plexopathy on the right.; This study is being ordered for a neurological disorder.; December 5, 2015; There has been treatment or conservative therapy.; complains of right shoulder and arm pain with weakness with neck pain.; Given Prednisone 10mg and cyclobenzaprine 10mg. Home stretches were given and patient has had no change in symptoms

Enter answer here - Pt is a 44 year old woman who has bilateral numbness. she started with symptoms in February and said her Back kept Falling asleep. Then her left calf became cold. she then developed intermittent numbness and tingling below her knees an; This study is being ordered for a neurological disorder.; Enter date of initial onset here - started in 2/2015; There has been treatment or conservative therapy.; Describe primary symptoms here - Her Back kept falling asleep, then her left calf become cold. she has constant tingling and numbness in her toes, feet, legs, arms, and hands.; Describe treatment / conservative therapy Elavil 25 mg, she tried Gabapentin 600mg p.o q.d

Enter Symptoms have persistent for over a year and seem to be getting worse. The problems and always leaning toward the left are concerning as are the confusion. Need to rule out stroke, tumor, demyelinating process. for a cervical spine MRI to rule out c; This study is being ordered for a neurological disorder.; Enter date of initial onset here - a little over a year ago; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - difficulty finding words and remembering names. Episodes where she spaces out. neck hurts, she has shooting pain back down both arms that causes numbness and burning pain.

eval for demyelinating disease. mri of brain in sept revealed two contrast enhancing lesions. as well as non enhancing periventricular supratentorial 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.; july 13, 2015; It is not known if there has been any treatment or conservative therapy.; pt has numbness in legs hands and fingers, tingling sensation in right foot, above right knee

He feels weak for the past few days. He is still having pain in the left shoulder and medial upper arm. Slight left frontal HA now.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain and weakness in the left upper and lower extremity. Pain with passive movement. possibly left sided decrease to PP and vibration; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Here for follow up of MS. Started on Copaxone about 18 months ago and tolerating it well and overall feels better. Still with anterior t Schedule MRI brain, cervica/thoracic/lumbar spine in December (to be done in Hot Springs) for follow up of MS and de; This study is being ordered for a neurological disorder.; Patient was diagnosed with MS in 2012; There has been treatment or conservative therapy.; History:Bobby returns today for a follow up visit of his problems with multiple sclerosis. He reports new onset of bilateral leg soreness and weakness, history of back surgery last year. He has lost 40lbs recently on the paleo diet and has started working; Patient is on Copaxone 40 MG three times a weekly injection.

IMPRESSION: Pleasant 45 year old female with chronic daily headaches. Several elements point toward migraine. Will start low dose Topiramate and titrate up slowly to 25 twice a day. Will also concurrently start migraine diet modification. We will ord; This study is being ordered for a neurological disorder.; 10/04/2015; There has been treatment or conservative therapy.; IMPRESSION: Pleasant 45 year old female with chronic daily headaches. Several elements point toward migraine. Will start low dose Topiramate and titrate up slowly to 25 twice a day. Will also concurrently start migraine diet modification. We will ord; IMPRESSION: Pleasant 45 year old female with chronic daily headaches. Several elements point toward migraine. Will start low dose Topiramate and titrate up slowly to 25 twice a day. Will also concurrently start migraine diet modification. We will ord

Mri brain 4/11/15 impression: small area of acute or subacute stroke, I believe in the right lenticular nucleus. Extensive white matter changes very suspicious for demyelinating plaques.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Three weeks ago; There has not been any treatment or conservative therapy.; weak on the left and now is weak on the right. was diagnosed with stroke. frequent migraine that is always in the left neck up the back of her head. she reports frequency of 2 headaches a month

MRI brain shows demyelinating process; 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".

MRI BRAIN W/O#x0D; Impression:#x0D; 1. Motion artifact limits image quality and interpretation.#x0D; 2. Several scattered supratentorial periventricular and subcortical white matter T2 FLAIR hyperintensities, several which are oriented perpendicular to the lateral ve; This study is being ordered for Inflammatory/ Infectious Disease.; 10/10/2015; There has been treatment or conservative therapy.; New issue - MRI brain reviewed and images show white matter changes. Several of these changes are oriented perpendicular to the lateral ventricle which is concerning for demyelinating disease. Will go ahead and check pertinent labs as well as a spinal c; TOPIRAMATE,CLONAZEPAM,VALIUM,LEVETIRACETAM#x0D; LABS DRAWN MRI Brian and spinal screening to rule out possible tumors involving the central nervous system; This study is being ordered for a neurological disorder.; 2014; There has not been any treatment or conservative therapy.; Headaches, she has had a left leg tumor since birth. mild thoracic pain

MS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; multiple sclerosis; medications, infusion

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.; 2015; There has been treatment or conservative therapy.; weakness, speak slur; medications,

None; This study is being ordered for a neurological disorder.; 4/2015; There has been treatment or conservative therapy.; pt c/o loss of vision, back pain and stiffness, low extremity weakness.; RX

other neuro gave her a possible diagnosis of multiple sclerosis but never did any testing. 45-year-old lady with some clonus in the lower extremities. She's not overly spastic. Her knees and her arms are not hyperactive as well. There is no Hoffman re; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; 45-year-old lady presents with clonus. This apparently is in bilateral lower extremities. She reports the clonus in her ankles. She's had multiple head injuries in the past. She was in an abusive marriage and has been knocked unconscious several times.; patient has seen numerous doctors. pain specialists and other neuro doctors.; she has been placed on baclofen and other medications to help control her symptoms.

Patient had knee lesion on previous mri.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Patient has MS. Follow up; Patient is taking medications as well as message therapy.

Patient with complete loss of all sensory modalities from the head to the toe which is non-physiologic with normal exam otherwise. She relates that she has had some questionable history of neurologic abnormality whether or not she had mild Arnold-Chiari. C; This study is being ordered for a neurological disorder.; 12/01/2000; There has been treatment or conservative therapy.; Pt states she began having seizures with episodes of passing out, jerking, apparently she felt that those episodes were triggered by stress. She has numbness that goes over all her body. She feels like she has lost sensation completely of her entire body.; Keppra, Meloxicam, Oxycodon, CT, Pt has a family h/x of Huntington's disease; This study is being ordered for a neurological disorder.; 1996; There has been treatment or conservative therapy.; horrible neck, back and feet pain, muscles in neck are cramping, numbness and tingling in hands.; medication, neck surgery (2 years ago)
Pt has known MS; This study is being ordered for a neurological disorder.; 10-2014; There has been treatment or conservative therapy.; Pt has increased numbness and blurred vision; Pt is on Tysabri (medication)

rapidly progressive weakness with paresthesia. Distal weakness with loss of reflexes.; 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.; rapidly progressive weakness with paresthesia. Distal weakness with loss of reflexes.

Right leg sensory, motor, and reflex changes with left foot vibratory sensory loss suggest spinal cord involvement.; This study is being ordered for a neurological disorder.; Mrs. Bunch is seen in consultation to Dr. Young regarding problems with right leg motor and sensory function. This has been slowly progressive over some years time but has been particularly problematic this year. She remembers suffering an ankle sprain ; There has been treatment or conservative therapy.; There is altered sensation from about the knee on the right with hypersensitivity and discomfort particularly in the foot. There is an aching sensation from the knee down. Mrs. Bunch notes difficulty maneuvering the right foot and has unusual gait. Th; Medication Name#x0D; Sig Desc#x0D; Start Date#x0D; Stop Date#x0D; Refilled#x0D; Elsewhere#x0D; Aleve 220 mg tablet#x0D; take 1 tablet by oral route every 12 hours as needed#x0D; 08/31/2015#x0D;   N

Rule out central nervous disorder and cervical myelopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March 2015; It is not known if there has been any treatment or conservative therapy.; Tremor bil legs for 6 months increased with standing. Left foot numbness and the right fingers numb and tingling. Muscles spasms and right trunk It triceps. Hyperflexia diffuse right greater than left.

Since she is having some paresthesias and it's been a year since her last MRI's, she wants to make sure nothing is going on with that and to continue to monitor her and to see her back after her studies.; This study is being ordered for Inflammatory/ Infectious Disease.; 12/3/2013; There has been treatment or conservative therapy.; She has had just a few twinges of pain over the summer. She also has had some irritaion when she is doing her arms and legs so she is mostly doing her hips and abdomen. She has occasionally paresthesias, but they are not lasting long.; Oxtellar and Copaxone 40 mg

suspect cervical radiculopathy and carpal tunnel. The numbness in the left foot could be from lower lumbosacral radiculopathy or entrapment of the common peroneal nerve at the knee level; This study is being ordered for a neurological disorder.; one year ago; There has been treatment or conservative therapy.; Tingling in ring and pinkie finger on the left and tingling in her 4th, and 5th toes on her left foot. Chronic neck pain, Headaches 3-4 times per week all over her head and sensitive to light and noises .; Patient had Therapy for her neck pain and has been stopped since she started having worsening pain

THE DOCTOR WOULD LIKE TO REPEAT HIS MRI THAT WAS PERFORMED A YEAR AGO TO SEE IF THERE ARE ANY CHANGES AS IN WHITE MATTER CHANGES SINCE THE PT HAS KNOWN MULTIPLE SCLEROSIS.; This study is being ordered for a neurological disorder.; 2011; There has been treatment or conservative therapy.; BILATERAL LEG WEAKNESS AND NUMBNESS. HAVING EPISODES OF LEFT ARM DRAWING UP.; BETASERON, GABAPENTIN, TRAZADONE

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.

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.;

This is a 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.

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.

This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

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.

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.

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; ; 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.

This is a request for cervical spine MRI; Neurological deficits; Clinical questions bypassed.; 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 is a request for cervical spine MRI; Neurological deficits; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.

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.

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.; 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.

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.

This is a request for cervical 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.

This is a request for cervical 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.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; abnormal vertibray, neck pain radiating to shoulders

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 and Paraesthesia

This is a request for cervical spine MRI; Trauma or recent injury; IMPRESSION: Very nice, very appreciative 29 year old female who may be having degrees of spasticity/spasming in her upper and lower limbs. Her reflexes are hyperactive so one wonders about a myelopathy. She was in a bad car accident in 2009 with a whip; 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 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.

Unknown; This study is being 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.; Brisk reflexes suggest a possible myelopathy-compressive. This is follow-up MRI for Lumbar

UNKOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8 WEEKS; There has been treatment or conservative therapy.; SHOULDER PAIN AND WEAKNESS; MEDICATION WAS GIVEN

With her age coupled with the vision changes, urinary frequency/Incontinence, and dizziness raises the possibility of a demyelinating process such as Multiple sclerosis. Given the Family history of brain aneurysm . will get Aneurysm screening.; This study is being ordered for a neurological disorder.; been ongoing for 2-3 years; It is not known if there has been any treatment or conservative therapy.; She has pain behind her right eye intermittently. this has been ongoing for 2-3 years and is often brought on by looking side to side. This is often associated with a tension type headache all over her head. She reports Nausea that occurs when she turns h

There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Patient has known Multiple Sclerosis. This MRI is to evaluate for changes or new lesions.

< 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 >;

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 08/27/15; There has not been any treatment or conservative therapy.; numbness  bowel incontinence

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/04/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; At Home exercise program with no relief

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; mbr blurred vision weakness gait disturbance; medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >;
; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; This study is being ordered for a neurological disorder.; 09/21/2015; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 10/23/2015; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; a few weeks prior to 11/03/15; It is not known if there has been any treatment or conservative therapy.;
History of Present Illness:  49yo RH lady here for follow up of above, receiving botox injections for chronic migraine and doing well with these, has decreased her overall headache days significantly, no change in location/severity, remains predominatel

; This study is being ordered for a neurological disorder.; Here today for a follow up with her problems with Multiple Sclerosis. Recently started job working in kitchen and had to quit because she was unable to tolerate heat. Today she reports increased stress due to everyday life situations. Reports that left ; There has been treatment or conservative therapy.; Here today for a follow up with her problems with Multiple Sclerosis. Recently started job working in kitchen and had to quit because she was unable to tolerate heat. Today she reports increased stress due to everyday life situations. Reports that left ; 1. Multiple Sclerosis- relapsing remitting. Continue Copaxone. Explained MS exacerbation vs. psuedo exacerbation related to heat and stress, she is experiencing increased stress and heat intolerance which have made symptoms worse. She will wear cooling ve

; This study is being ordered for Inflammatory/ Infectious Disease.; 10-16-1995; There has been treatment or conservative therapy.; lower extremity spasticity; Botox injections

1- We need to evaluate for multiple sclerosis exacerbation while on copaxone
2- To check for any new multiple sclerosis lesions in the brain and spinal cord.
3- To decide about ongoing treatment for multiple sclerosis and the need to change her multiple;
This study is being ordered for a neurological disorder.; May of 2015; There has been treatment or conservative therapy.; numbness in both legs , gait dysfunction, vibratory sensation along the entire spine.; Treated with copaxone for Multiple Sclerosis

Dr is trying to r/o MS. Pt is showing a great deal of symptoms leading to MS.; This study is being ordered for a neurological disorder.; 07/2015; There has been treatment or conservative therapy.; Pt is having numbness and visual field deficits.; Pt was given medications with no improvement or relief.

eval for demyelinating disease. mri of brain in sept revealed two contrast enhancing lesions. as well as non enhancing periventricular supratentorial 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.; july 13, 2015; It is not known if there has been any treatment or conservative therapy.; pt has numbness in legs hands and fingers, tingling sensation in right foot, above right knee

Here for follow up of MS. Started on Copaxone about 18 months ago and tolerating it well and overall feels better. Still with anterior t Schedule MRI brain, cervica/thoracic/lumbar spine in December (to be done in Hot Springs) for follow up of MS and de; This study is being ordered for a neurological disorder.; Patient was diagnosed with MS in 2012; There has been treatment or conservative therapy.; History:Bobby returns today for a follow up visit of his problems with multiple sclerosis. He reports new onset of bilateral leg soreness and weakness, history of back surgery last year. He has lost 40lbs recently on the paleo diet and has started working; Patient is on Copaxone 40 MG three times a weekly injection.

Mri brain 4/11/15 impression: small area of acute or subacute stroke, I believe in the right lenticular nucleus. Extensive white matter changes very suspicious for demyelinating plaques.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Three weeks ago; There has not been any treatment or conservative therapy.; weak on the left and now is weak on the right. was diagnosed with stroke. frequent migraine that is always in the left neck up the back of her head. she reports frequency of 2 headaches a month

MRI BRAIN W/O; Impression: 1. Motion artifact limits image quality and interpretation. 2. Several scattered supratentorial periventricular and subcortical white matter T2 FLAIR hyperintensities, several which are oriented perpendicular to the lateral ve; This study is being ordered for Inflammatory/ Infectious Disease.; 10/10/2015; There has been treatment or conservative therapy.; New issue - MRI brain reviewed and images show white matter changes. Several of these changes are oriented perpendicular to the lateral ventricle which is concerning for demyelinating disease. Will go ahead and check pertinent labs as well as a spinal c; TOPIRAMATE, CLONAZEPAM, VALIUM, LEVETIRACETAM; LABS DRAWN MRI Brian and spinal screening to rule out possible tumors involving the central nervous system; This study is being ordered for a neurological disorder.; 2014; There has not been any treatment or conservative therapy.; Headaches, she has had a left leg tumor since birth. mild thoracic pain need to rule out myeloiitis.; This study is being ordered for a neurological disorder.; Diagnosed with MS in 2006; Back and right sided weakness & started May 21 2015; There has been treatment or conservative therapy.; MS with right sided weakness and thoracic back pain; patient has been given Flexeril, diclofenac and had nerve blocks with pain management None; This study is being ordered for a neurological disorder.; 4/2015; There has been treatment or conservative therapy.; pt c/o loss of vision, back pain and stiffness, low extremity weakness.; RX Pt has a family h/x of Huntington's disease; This study is being ordered for a neurological disorder.; 1996; There has been treatment or conservative therapy.; horrible neck, back and feet pain, muscles in neck are cramping, numbness and tingling in hands.; medication, neck surgery (2 years ago) Pt has known MS; This study is being ordered for a neurological disorder.; 10-2014; There has been treatment or conservative therapy.; Pt has increased numbness and blurred vision; Pt is on Tysabri (medication)

RADIOLOGIST SUGGEST CT OR MRI OF THORACIC SPINE TO CONFIRM.QUESTIONABLE HEIGHT LOSS T3 VERTEBRA SEEN ON FRONTAL VIEW,POORLY EVALUATED ON LATERAL PROJECTION,PT WITH KNOWN TRAUMA,SUGGEST CT OR MRI.; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; LOW BACK PAIN,LEGS CRAMPING,FRACTURE OF T SPINE AT T1-T3 LEVEL; HAS HAD 6 WEEKS OF PHYSICAL THERAPY,ASA WITHOUT IMPROVEMENT

Right leg sensory, motor, and reflex changes with left foot vibratory sensory loss suggest spinal cord involvement..; This study is being ordered for a neurological disorder.; Mrs. Bunch is seen in consultation to Dr. Young regarding problems with right leg motor and sensory function. This has been slowly progressive over some years time but has been particularly problematic this year. She remembers suffering an ankle sprain ; There has been treatment or conservative therapy.; There is altered sensation from about the knee on the right with hypersensitivity and discomfort particularly in the foot. There is an aching sensation from the knee down. Mrs. Bunch notes difficulty maneuvering the right foot and has unusual gait. Th; Medication Name Sig Desc Start Date Stop Date Refilled Elsewhere Aleve 220 mg tablet take 1 tablet by oral route every 12 hours as needed 08/31/2015   N

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.

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.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.

The patient 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.

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.; This is a 20-year-old Caucasian female who was referred to neurology by Dr. treece for evaluation of abnormal MRI finding in the brain. she presented with significant worsening of headaches in the last a year, consistent with migraine flaring/status. For ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

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.

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.

< 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 study is being ordered for a neurological disorder.; 08/27/15; There has not been any treatment or conservative therapy.; numbness  bowel incontinence

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2014; There has been treatment or conservative therapy.; decreased strength, low back and neck pain, antalgic gait, limited ROM, due to the pain in neck and back.; conservative therapy and has seen a pain mgmt mdo.

; 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 4 exams are being ordered.

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 10/23/2015; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 10-05-95; There has been treatment or conservative therapy.; extremity in weakness gait disturbance, numbness in extremity; medications

AT THIS POINT AND TIME CERTAINLY WITH FASCICULATIONS AND WORSENING PARESTHESIAS IN THE UPPER AND LOWER EXTREMITY OF WHETHER OR NOT THE PROGRESSION OF HIS CERVICAL AND LUMBAR DISC DISEASE. HE DOES HAVE SOME WORSENING FASCICULATIONS. HE HAS HAD SOME COMPLEX 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.; 2012; There has been treatment or conservative therapy.; NECK AND BACK PAIN WITH DIFFUSE HYPERREFLEXIA, WITH WORSENING PARESTHESIAS, FASCICULATION IN HIS UPPER AND LOWER EXTREMITIES. HE IS HAVING MORE DIFFICULTY GETTING AROUND, MORE DIFFICULTY WITH LUMBAR CLADICATION TYPE SYMPTOMS AND SO IT IS VERY DIFFICULT TO FI; HE HAS HAD LAMINECTOMY AND LUMBAR AS WELL AS SHOULDER SURGERY. HE HAS ALSO BEEN ON LYRICA, CYMBALTA AND NEURONTIN.

Dr is trying to r/o MS. Pt is showing a great deal of symptoms leading to MS.; This study is being ordered for a neurological disorder.; 07/2015; There has been treatment or conservative therapy.; Pt is having numbness and visual field deficits.; Pt was given medications with no improvement or relief.

Here for follow up of MS. Started on Copaxone about 18 months ago and tolerating it well and overall feels better. Still with anterior t Schedule MRI brain, cervical/thoracic/lumbar spine in December (to be done in Hot Springs) for follow up of MS and de; This study is being ordered for a neurological disorder.; Patient was diagnosed with MS in 2012; There has been treatment or conservative therapy.; History: Bobby returns today for a follow up visit of his problems with multiple sclerosis. He reports new onset of bilateral leg soreness and weakness, history of back surgery last year. He has lost 40lbs recently on the paleo diet and has started working; Patient is on Copaxone 40 MG three times a weekly injection.

MRI BRAIN W/O; Impression: 1. Motion artifact limits image quality and interpretation. 2. Several scattered supratentorial periventricular and subcortical white matter T2 FLAIR hyperintensities, several which are oriented perpendicular to the lateral ve; This study is being ordered for Inflammatory/ Infectious Disease.; 10/10/2015; There has been treatment or conservative therapy.; New issue - MRI brain reviewed and images show white matter changes. Several of these changes are oriented perpendicular to the lateral ventricle which is concerning for demyelinating disease. Will go ahead and check pertinent labs as well as a spinal c; TOPIRAMATE, CLONAZEPAM, VALIUM, LEVETIRACETAM; LABS DRAWN MRI Brian and spinal screening to rule out possible tumors involving the central nervous system; This study is being ordered for a neurological disorder.; 2014; There has not been any treatment or conservative therapy.; Headaches, she has had a left leg tumor since birth. mild thoracic pain

numbness of her body, tingling in arms and hands, chronic pain; This study is being ordered for Vascular Disease.; 11-18-2015; There has been treatment or conservative therapy.; numbness of upper limb chronic neck pain; unknown

Patient continues to have right thigh weakness, atrophy, paresthesia, pain and spasms and right low back pain as well as severe neck pain. We want to obtain a repeat MRI of the lumbosacral spine to better evaluate the degree of possible underlying lumbosa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2015; There has not been any treatment or conservative therapy.; Low back pain and neck pain, atrophy, paresthesia Pt has a family h/x of Huntington's disease; This study is being ordered for a neurological disorder.; 1996; There has been treatment or conservative therapy.; horrible neck, back and feet pain, muscles in neck are cramping, numbness and tingling in hands.; medication, neck surgery (2 years ago)

RADIOLOGIST SUGGEST CT OR MRI OF THORACIC SPINE TO CONFIRM.QUESTIONABLE HEIGHT LOSS T3 VERTEBRA SEEN ON FRONTAL VIEW,POORLY EVALUATED ON LATERAL PROJECTION,PT WITH KNOWN TRAUMA,SUGGEST CT OR MRI.; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; LOW BACK PAIN,LEGS CRAMPING,FRACTURE OF T SPINE AT T1-T3 LEVEL; HAS HAD 6 WEEKS OF PHYSICAL THERAPY,ASA WITHOUT IMPROVEMENT

REPEAT MRI OF BRAIN BECAUSE HAS MANY ISSUES AND THINK MEDICATION MAY BE ISSUES WANTS KEPRA FOR HEADACHES. HYPONATREMIA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/8/2006; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATION NERVE CONDUCTION STUDY

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.

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

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

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

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

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

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

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 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.; Brisk reflexes suggest a possible myelopathy-compressive. This is follow-up MRI for Lumbar

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/2015; There has not been any treatment or conservative therapy.; pain, ulcercolits , tender to the touch & tested positive for a tb test LUMBOSACRAL PLEXUS; 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

WE WILL DO MRI'S OF THE HIP AND PELVIS AND CERTAINLY EVALUTAE THAT FURTER.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10.1.15; There has been treatment or conservative therapy.; COMPLAINING OF HIS BACK HURTING, HE IS CONVINCED THAT HE HAS PIRIFORMIDS AND IT CERTANILY MAB BE POSSIBLE THAT SOME FACET HUPERTORPHY. THE INJECTION, THE LESI, SEEMS TO BE HLEPING, L IT IS CERTAINLY POSSIBLE THAT HERE IS SOME DEFREE OF PIRIFORMIS SYNDROME; MRI, LESI, PHYSICAL THERAPY AND ACUPUNCTURE

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

UNKOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8 WEEKS; There has been treatment or conservative therapy.; SHOULDER PAIN AND WEAKNESS; MEDICATION WAS GIVEN Cyst on Previous MRI; 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 no physical findings (palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a 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.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

WE WILL DO MRI'S OF THE HIP AND PELVIS AND CERTAINLY EVALUATE THAT FURTHER.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10.1.15; There has been treatment or conservative therapy.; COMPLAINING OF HIS BACK HURTING, HE IS CONVINCED THAT HE HAS PIRIFORMIDS AND IT CERTAINLY MAY BE POSSIBLE THAT SOME FACET HYPERTROPHY. THE INJECTION, THE LESION, SEEMS TO BE HELPING, BUT IT IS CERTAINLY POSSIBLE THAT THERE IS SOME DEGREE OF PIRIFORMIS SYNDROME; MRI, LESION, PHYSICAL THERAPY AND ACUPUNCTURE

Abnormal Brain MRI on 12/2/2015 that showed a stroke, R/O malignancy, vasculitis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2/2015; There has been treatment or conservative therapy.; bladder incontinence, ABD pain/tenderness, heavy bleeding.; antibiotics for urinary issue, daily aspirin

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 unable to extend his leg and has had several falls that are unexplained. EMG suggests Lumbosacral plexopathy. Pt is experiencing right numbness, weakness and pain.

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

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; <Enter Additional Clinical Information>

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/2015; There has not been any treatment or conservative therapy.; pain, ulcercolits , tender to the touch & tested positive for a tb test Yes, this is a request for CT Angiography of the abdominal arteries.

Alzheimer's dementia, frontotemporal dementia.; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.

This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; This study is being ordered for pre-surgical evaluation.

Patient of 53 yo rh male. n 7/15/15 episode of feeling rare, like all his body was numb, slurred speech. He understood everything on his around. His laertness was normal. Weakness that started on his left hemibody and spread all over. In the ER he was tol; This study is being ordered for a neurological disorder.; Patient of 53 yo rh male. n 7/15/15 episode of feeling rare, like all his body was numb, slurred speech. He understood everything on his around. His laertness was normal. Weakness that started on his left hemibody and spread all over. In the ER he was tol; There has been treatment or conservative therapy.; Patient of 53 yo rh male. n 7/15/15 episode of feeling rare, like all his body was numb, slurred speech. He understood everything on his around. His laertness was normal. Weakness that started on his left hemibody and spread all over. In the ER he was tol; Brain MRI done in 9/29 is reported as normal, no stroke. he was started on Plavix and Atorvastain.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; patient has had surgery 7/2015 and is having new onset of seizure HA, syncope, dizziness and blurred vision; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Patient is having headaches with memory loss pain is also in neck with pain numbness both upper extremities; 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.; 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."; The study is requested for headache.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; about 1 year; There has been treatment or conservative therapy.; headache , neck pain, couple of syncople episodes; meds, ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Patient had a MRI on 11/17/15 that show few scattered signal abnormalities in supratentorial white matter. Give the patient young age would recommend clinical correlation with appropriate CSF studies if indicated. Alternatively however such finding can be; This study is being ordered for a neurological disorder.; 2 years ago; There has not been any treatment or conservative therapy.; Headaches that shoots down to his neck, Muscle Jerking, Foot Numbness, Pain in his stomach and back, Itching all over, Trouble Swallowing and Ringing in ears

Radiology Services Denied Not Medically Necessary

Pt blacked out while driving. Pt had headaches and N&V; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; blacking out and sprang ankle;

Radiology Services Denied Not Medically Necessary

rule out aneurysm.; This study is being ordered for Vascular Disease.; September 2015; There has been treatment or conservative therapy.; 28-year-old lady presents with migraine headaches. These almost always are accompanied by a visual aura. She will have a strobelike effect in her her right eye. Over about 10 minutes this will progress to kaleidoscope symptom with partial peripheral ri; She's tried Imitrex 100 mg including repeat dose in 2 hours and has not found any help from it.

Radiology Services Denied Not Medically Necessary

rule out any carotid stenosis or vascular disorders; This study is being ordered for Vascular Disease.; December 5, 2014; There has been treatment or conservative therapy.; left sided numbness, left sided weakness, slurred speech, syncope, falls, confusion, altered mental status; aspirin, Plavix, pravastatin, brain mri, neck mra and head mra, echocardiogram, tilt table test

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

unknown.; This study is being ordered for a neurological disorder.; 10/12/2015; It is not known if there has been any treatment or conservative therapy.; headache, weakness, lightheadedness, had TIA 5/2015, syncope, chronic fatigue, generalized pain, spells of change in awareness
Yes, this is a request for CT Angiography of the 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.; about 1 year; There has been treatment or conservative therapy.; headache , neck pain, couple of syncope episodes; meds, ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Patient had a MRI on 11/17/15 that show few scattered signal abnormalities in supratentorial white matter. Give the patient young age would recommend clinical correlation with appropriate CSF studies if indicated. Alternatively however such finding can be; This study is being ordered for a neurological disorder.; 2 years ago; There has not been any treatment or conservative therapy.; Headaches that shoots down to his neck, Muscle Jerking, Foot Numbness, Pain in his stomach and back, Itching all over, Trouble Swallowing and Ringing in ears

Radiology Services Denied Not Medically Necessary

Pt blacked out while driving. Pt had headaches and N&V; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; blacking out and sprang ankle;

Radiology Services Denied Not Medically Necessary

rule out aneurysm.; This study is being ordered for Vascular Disease.; September 2015; There has been treatment or conservative therapy.; 28-year-old lady presents with migraine headaches. These almost always are accompanied by a visual aura. She will have a strobeflike effect in her her right eye. Over about 10 minutes this will progress to kaleidoscope symptom with partial peripheral ri; She's tried Imitrex 100 mg including repeat dose in 2 hours and has not found any help from it.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

rule out any carotid stenosis or vascular disorders; This study is being ordered for Vascular Disease.; December 5, 2014; There has been treatment or conservative therapy.; left sided numbness, left sided weakness, slurred speech, syncope, falls, confusion, altered mental status; aspirin, Plavix, pravastatin, brain mri, neck mra and head mra, echocardiogram, tilt table test

Yes, this is a request for CT Angiography of the Neck.

; This study is being ordered for a neurological disorder.; 07/30/2015; There has been treatment or conservative therapy.; headaches, extremity in weakness, numbness, balance problems; medication- tramadol

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.; 12/16/2015; There has been treatment or conservative therapy.; HA AND R/O ANEURYSM; unknown

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 10-01-2013; There has been treatment or conservative therapy.; facial numbness, dizziness, extremity weakness, headache numbness in extremity and paresthesia; medications

Radiology Services Denied Not Medically Necessary

Enter answer here - Dr. Want to rule out aneurysm since the headaches always involve the same side; This study is being ordered for a neurological disorder.; Enter date of initial onset here - 11/12/2014; There has been treatment or conservative therapy.; Describe primary symptoms here - sharp, throbbing pain, associated symptoms include: Photophobia, Phonophobia, nausea, vomiting, blurred vision, and dizziness.; Describe treatment / conservative therapy here - OTC Ibuprofen, APAP and Topamax 25mg

Radiology Services Denied Not Medically Necessary

Enter answer here - The Dr. Want a MRI Brian to assess the Meningioma and a MRA to rule out stenosis or Aneurysm.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; Describe primary symptoms here - Dizziness and Syncope.;

Radiology Services Denied Not Medically Necessary

It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; The ultrasound showed dissection or tearing of the wall of the artery.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Migraines are worse than ever before. Had a bad fall in the shower yesterday and hurt her neck. Right side hands weak and drops things and her hand swells.; 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.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a neurological disorder.; 11/08/2015; There has been treatment or conservative therapy.; head pain; facial pain , neck pain; rule out vascular stenosis, aneurysm, and dissection, rule out cva;; medication for seizure and epilepsy, trilettl, gabba pentin,

Radiology Services Denied Not Medically Necessary

patient has been passing out with memory loss; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; 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.

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.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 10-01-2013; There has been treatment or conservative therapy.; facial numbness, dizziness, extremity weakness, headache numbness in extremity and paresthesia; medications

Radiology Services Denied Not Medically Necessary

Migraines are worse than ever before. Had a bad fall in the shower yesterday and hurt her neck. Right side hands weak and drops things and her hand swells.; 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.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a neurological disorder.; 11/08/2015; There has been treatment or conservative therapy.; head pain; facial pain , neck pain.; rule out vascular stenosis, aneurysm, and dissection, rule out cva,; medication for seizure and epilepsy, trilettl, gabba pentin,

Radiology Services Denied Not Medically Necessary

She is wanting to rule out lesions or aneurysms in the head or neck.; This study is being ordered for a neurological disorder.; 10.12.2015; There has been treatment or conservative therapy.; Headache for two weeks. In the last week he has had vision disturbance, double vision and pain in his head when he turns it.; Pt has been taking Aleve.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; It is unknown why this study is being ordered.

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.; 12/16/2015; There has been treatment or conservative therapy.; HA AND R/O ANEURYSM; unknown

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.; Aug 2015; There has been treatment or conservative therapy.; History from onset date DX 2002/ MS/fatigue /virago/; Rx medication

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.; neuropathic pain in legs, relapse of ms, new lesions; medications

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 10-01-2013; There has been treatment or conservative therapy.; facial numbness, dizziness, extremity weakness, headache numbness in extremity and paresthesia; medications

Radiology Services Denied Not Medically Necessary

41-year-old lady presents with headaches. She's had these for about the past 3 years. She describes pain daily. Each headache lasts about 15 minutes. On average happens about 2-3 times per day. It can happen as many as 5 times per day. The 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.

Radiology Services Denied Not Medically Necessary

compare w/mri for pinal gland mass; 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 - Pt is a 44 year old woman who has bilateral numbness. she started with symptoms in February and said her Back kept Falling asleep. Then her left calf became cold. she then developed intermittent numbness and tingling below her knees an; This study is being ordered for a neurological disorder.; Enter date of initial onset here - started in 2/2015; There has been treatment or conservative therapy.; Describe primary symptoms here - Her Back kept falling asleep, then her left calf become cold. she has constant tingling and numbness in her toes, feet, legs, arms, and hands.; Describe treatment / conservative therapy Elavil 25 mg, she tried Gabapentin 600mg p.o q.d

Radiology Services Denied Not Medically Necessary

Migraine, unspecified, without mention of intractable migraine, without mention of status migrainosus (346.90).; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

Pain throbbing sharp sensation, r/o hemmorage or space occupying lesion, 2013 tramatic fall. Patient never completed CT or MRI.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

Patients has had headache, frontal occipital pressure, throbbing. Pt. sees squiggly lines.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

previous TIA, memory loss; 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).

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

R/O MS, migraine phynena verses central nervous system autoimmune/ inflammatory diseases verses central nervous system infection,cerebra vascular verses other. Treatment with prednisone and possible spinal type; This study is being ordered for a neurological disorder.; 10/20; There has not been any treatment or conservative therapy.; Vertigo, right upper trimmer, dysmetiia, extreme fatigue, change in vision in the right eye, all symptoms are on the right side of the body

Radiology Services Denied Not Medically Necessary

R/O MS.; This study is being ordered for a neurological disorder.; AGE OF 14 - HEADACHES STARTED; There has been treatment or conservative therapy.; HEADACHES, BURNING SENSATION ON TOP OF ARM. DIZZINESS/VERTIGO.; MEDICATIONS, BOTOX, EEG'S

Radiology Services Denied Not Medically Necessary

Rule out MS, Pt has STIFF MUSCLES.; This study is being ordered for a neurological disorder.; ongoing; There has not been any treatment or conservative therapy.; The Pt has numbness and tingling in all extremities.

Radiology Services Denied Not Medically Necessary

Rule out multiple sclerosis; This study is being ordered for a neurological disorder.; 07/23/2015; There has been treatment or conservative therapy.; Paresthesia, gait dysfunction, diplopia and numbness; Vitamin D replacement and Lyrica

Radiology Services Denied Not Medically Necessary

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

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.

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.

Radiology Services Denied Not Medically Necessary

To rule out all major pathology and to provide appropriate treatment and further testing as needed.; This study is being ordered for a neurological disorder.; Initial onset was 3 months ago August 2015.; There has been treatment or conservative therapy.; Headaches that last all day everyday for the past 3 months. Starting at the front of her head to the back of her head. She is sensitive to light and sounds and has dizziness and lightheaded spells. She has poor sleep patterns and finds it difficult to fall; She has had a Lumbar Puncture done that showed pressure elevation when sitting up.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Mark was seen with Dr. Jay Hinkle, and I agree with Dr. Hinkle's assessment; as well as history, physical, and examination. In brief, Dr. Williams had diffuse weakness and ataxia, unknown cause. MRI scans do not show his spinal cord very well; There has been treatment or conservative therapy.; Mark was seen with Dr. Jay Hinkle, and I agree with Dr. Hinkle's assessment; as well as history, physical, and examination. In brief, Dr. Williams had diffuse weakness and ataxia, unknown cause. MRI scans do not show his spinal cord very well; He is not going to practice medicine anymore because of his health issues; but he would like to keep his license. I told him that I think it will be very difficult for him to practice medicine given all of his health problems, so I endorse his going o

Radiology Services Denied Not Medically Necessary

She has a strong family history of cancer (Both her mother and sister) She had a Neuropsych Eval that suggested a CTA head/Neck as her decline suggested a possible vascular etiology.; This study is being ordered for a neurological disorder.; August of last year; There has been treatment or conservative therapy.; her speech is delayed and she has problems finding words and getting words out, chronic daily headaches, hearing lost in both ears, vertigo, tinnitus, and difficulty Swallowing.; Lamictal 25mg QHS titrating up to 100mg BID

Radiology Services Denied Not Medically Necessary

The patient complains that his neck pain has worsened since the last visit. The patient complains that he feels it radiate down and the neck pops. Bony structure of cervical spine to be evaluated.; 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.

Radiology Services Denied Not Medically Necessary

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.

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.; Aug 2015; There has been treatment or conservative therapy.; History from onset date DX 2002/ MS/fatigue /virago/; Rx medication

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.; neuropathic pain in legs, relapse of ms, new lesions; medications

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/13/2015; There has been treatment or conservative therapy.; headaches pain blurred vision numbing and tingling weakness; Medication exercises

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.

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt with neck pain with radiating limb pain and paresthesia; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 09/21/2015; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; august 2015; There has been treatment or conservative therapy.; radiating pain, numbness, tingling; medication management

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; radiating pain in to shoulders arms and legs causing weakness; medication management

1. consul  Woman with ~10y/h/o HAs. Used to be rare, but became gradually more frequent. Always has some 5/10 HA now, c R occipital pain rad forward, c dull ache. 1-2x/w gets more severe, 10/10 c stabbing R-sided pain growing to holocranial. + 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.; 08/14/2015; There has been treatment or conservative therapy.; 1. consul  Woman with ~10y/h/o HAs. Used to be rare, but became gradually more frequent. Always has some 5/10 HA now, c R occipital pain rad forward, c dull ache. 1-2x/w gets more severe, 10/10 c stabbing R-sided pain growing to holocranial. + t; Woman with ~10y/h/o HAs. Used to be rare, but became gradually more frequent. Always has some 5/10 HA now, c R occipital pain rad forward, c dull ache. 1-2x/w gets more severe, 10/10 c stabbing R-sided pain growing to holocranial. + throbbing +N/ no V

Radiology Services Denied Not Medically Necessary

Dr. wants to rule out any leison or mass due to headaches. Dr. wants to rule out any cerval leison or compression with MRI of the c-spine.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; It is not known if there has been any treatment or conservative therapy.; HEADACHE, ALWAYS DULL PAIN AND PAIN BEHIND EYES AND LIGHT SENSITIVITY. NECKPAIN RADIATES DOWN ARMS. TIGHTNESS IN NECK SQUEAING IN HEAD. headaches; This study is being ordered for a neurological disorder.; 1 year; There has been treatment or conservative therapy.; vision changes , numbness and weakness of limbs; medications

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

History / Dx: EEG suggesting sharp waves. She has had a few episodes of buzzing in her head - an intense swarm of bees buzzing type sensation. She would then get weak and would lie down and close her eyes. She has also had a few episodes where she wil; This study is being ordered for Inflammatory/ Infectious Disease.; 09/02/2015; There has been treatment or conservative therapy.; R/O:SARCOID,ENCHANCING LESIONS,HEADACHE,SPINE PAIN,SEIZURES; Medications: 10/05/2015 CYCLOBENZAPRINE HCL, 10/05/2015 GABAPENTIN; Topiramate and she is now on 37.5 twice a day. Spinal pain. Involves her neck, her thoracic region as well as her lumbar spine. Will prescribe physical therapy. She also wishes to Hx of neuropathy; This study is being ordered for a neurological disorder.; DATE UNKNOWN; There has been treatment or conservative therapy.; Whole body numbness and tingling; Meds, OTC NSAIDS

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.; Pt says pain starts at the base of his neck which radiates to left eye and cheek. Also has pain with ROM

Radiology Services Denied Not Medically Necessary

neck pain has continued and gradually worsened over time.Now he is having pain and radiating pain down both arms, although seems to be worse on the right arm. He has been through phusical therapy. He had done various other things. He, apparently, last mon; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Patient can not feel hot or cold. Patient's symptoms started to lessen and then 6 hours later the same symptoms returned.; This study is being ordered for a neurological disorder.; 9-1-2015; There has been treatment or conservative therapy.; Dizziness, Left side of face numb and tingling, mouth droop, left eye droop, slurring speech, parasthesia in right torso and all limbs; MRI, stress ECHO, Ultrasound, was also given Plavix and Aspirin

Radiology Services Denied Not Medically Necessary

Patient continues to have right thigh weakness, atrophy, paresthesia, pain and spasms and right low back pain as well as severe neck pain. We want to obtain a repeat MRI of the lumbosacral spine to better evaluate the degree of possible underlying lumbosa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2015; There has not been any treatment or conservative therapy.; Low back pain and neck pain, atrophy, paresthesia

Radiology Services Denied Not Medically Necessary

Patient had a MRI on 11/17/15 that show few scattered signal abnormalities in supratentorial white matter. Give the patient young age would recommend clinical correlation with appropriate CSF studies if indicated. Alternatively however such finding can be; This study is being ordered for a neurological disorder.; 2 years ago; There has not been any treatment or conservative therapy.; Headaches that shoots down to his neck, Muscle Jerking, Foot Numbness, Pain in his stomach and back, Itching all over, Trouble Swallowing and Ringing in ears

Radiology Services Denied Not Medically Necessary

PT - 6 or more weeks with no relief; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of 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.

Radiology Services Denied Not Medically Necessary

R/O MS, migraine phynena verses central nervous system autoimmune/ inflammatory diseases verses central nervous system infection,cerebra vascular verses other. Treatment with prednisone and possible spinal type; This study is being ordered for a neurological disorder.; 10/20; There has not been any treatment or conservative therapy.; Vertigo, right upper trimmer, dysmetiia, extreme fatigue, change in vision in the right eye, all symptoms are on the right side of the body

Radiology Services Denied Not Medically Necessary

R/O MS.; This study is being ordered for a neurological disorder.; AGE OF 14 - HEADACHES STARTED; There has been treatment or conservative therapy.; HEADACHES, BURNING SENSATION ON TOP OF ARM. DIZZINESS/VERTIGO.; MEDICATIONS, BOTOX, EEG'S

Radiology Services Denied Not Medically Necessary

Reports pain from the neck down through the left shoulder and into the left arm. Numbness most of the time in all digits though especially bad in the fourth and fifth on the left hand.; 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.

Radiology Services Denied Not Medically Necessary

Rule out MS, Pt has STIFF MUSCLES.; This study is being ordered for a neurological disorder.; ongoing; There has not been any treatment or conservative therapy.; The Pt has numbness and tingling in all extremities.

Radiology Services Denied Not Medically Necessary

Rule out multiple sclerosis; This study is being ordered for a neurological disorder.; 07/23/2015; There has been treatment or conservative therapy.; Paresthesia, gait dysfunction, diplopia and numbness; Vitamin D replacement and Lyrica

Radiology Services Denied Not Medically Necessary

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.

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.;

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.; constant numbness, tingling from shoulders to arms

Radiology Services Denied Not Medically Necessary

These are described as no show seizures.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Seizures associated with urinary incontinence and severe confusion lasting for several days.; patient has been taking Keppra for his seizures

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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Neurological deficits; the patient stated he has tingling in his right hand at night. and he complains of pain shooting form his neck all the way down to his ring finger and little ringer on the left; 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.

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.

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>

Radiology Services Denied Not Medically Necessary

To rule out all major pathology and to provide appropriate treatment and further testing as needed.; This study is being ordered for a neurological disorder.; Initial onset was 3 months ago August 2015.; There has been treatment or conservative therapy.; Headaches that last all day everyday for the past 3 months. Starting at the front of her head to the back of her head. She is sensitive to light and sounds and has dizziness and lightheaded spells. She has poor sleep patterns and finds it difficult to fal; She has had a Lumbar Puncture done that showed pressure elevation when sitting up.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; 09/10/2015; There has been treatment or conservative therapy.; DIZZINESS, AND CHRONIC HEADACHES, NECK PROBLEMS; PT, and OTC medications

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.; 10-26-2015; There has not been any treatment or conservative therapy.; numbness and gotten progressive, off balance

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.; Aug 2015; There has been treatment or conservative therapy.; History from onset date DX 2002/ MS/fatigue /virago/; Rx medication

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.; neuropathic pain in legs, relapse of ms, new lesions; medications

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/13/2015; There has been treatment or conservative therapy.; headaches pain blurred vision numbing and tingling weakness; Medication exercises ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

History / Dx: EEG suggesting sharp waves. She has had a few episodes of buzzing in her head - an intense swarm of bees buzzing type sensation. She would then get weak and would lie down and close her eyes. She has also had a few episodes where she wil; This study is being ordered for Inflammatory/ Infectious Disease.; 09/02/2015; There has been treatment or conservative therapy.; R/O:SARCOID,ENCHANCING LESIONS,HEADACHE,SPINE PAIN,SEIZURES; Medications: 10/05/2015 CYCLOBENZAPRINE HCL, 10/05/2015 GABAPENTIN Topiramate and she is now on 37.5 twice a day. Spinal pain. Involves her neck, her thoracic region as well as her lumbar spine. Will prescribe physical therapy. She also wishes to Hx of neuropathy; This study is being ordered for a neurological disorder.; DATE UNKNOWN; There has been treatment or conservative therapy.; Whole body numbness and tingling; Meds, OTC NSAIDS

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Mr. Campbell is a 57 yo left handed gentleman who presents for evaluation of a 2 year history of progressive "constant" left inferior scapular border pain and numbness that radiates into the left scapula, LUE, left axilla and left side of his chest at appr; 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.

Radiology Services Denied Not Medically Necessary

R/O MS, migraine phynena verses central nervous system autoimmune/ inflammatory diseases verses central nervous system infection, cerebra vascular verses other. Treatment with prednisone and possible spinal type; This study is being ordered for a neurological disorder.; 10/20; There has not been any treatment or conservative therapy.; Vertigo, right upper trimmer, dysmetiia, extreme fatigue, change in vision in the right eye, all symptoms are on the right side of the body

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.; 2 MONTH HISTORY OF THORACIC SPINE PAIN LEFT LATERAL RIB AREAS. SOME PARESTHESIA. NO TRAUMA.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; 10-26-2015; There has not been any treatment or conservative therapy.; numbness and gotten progressive, off balance

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.; Past one and a half years.; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medications

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/13/2015; There has been treatment or conservative therapy.; headaches pain blurred vision numbing and tingling weakness; Medication exercises

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Review of symptoms is remarkable for difficulty staying asleep, burning sensation and pain in his both feet, paresthesias in his both feet, weakness on the right side and balance problems.  Physical Exam finds this pleasantly interactive gentleman who lo

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; august 2015; There has been treatment or conservative therapy.; radiating pain, numbness, tingling; medication management

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; First seizure was in 1963 when the patient was in first grade and has continued until present with seizures getting worse and more frequent. Patient does lose control of his bodily functions during episodes and it can last up to 20 minutes.; There has been treatment or conservative therapy.; Seizures lasting 20 minutes or longer, lower back pain that causes lose of mobility and effects daily functions.; His treatment has been anticonvulsant medications prescribed by another physician until his initial consult with our office on October 31, 2015.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; radiating pain in to shoulders arms and legs causing weakness; medication management

Radiology Services Denied Not Medically Necessary

headaches; This study is being ordered for a neurological disorder.; 1 year; There has been treatment or conservative therapy.; vision changes , numbness and weakness of limbs; medications

Radiology Services Denied Not Medically Necessary

History / Dx: EEG suggesting sharp waves. She has had a few episodes of buzzing in her head - an intense swarm of bees buzzing type sensation. She would then get weak and would lie down and close her eyes. She has also had a few episodes where she wil; This study is being ordered for Inflammatory/ Infectious Disease.; 09/02/2015; There has been treatment or conservative therapy.; R/O:SARCOID,ENCHANCING LESIONS,HEADACHE,SPINE PAIN,SEIZURES; Medications: 10/05/2015 CYCLOBENZAPRINE HCL, 10/05/2015 GABAPENTIN; Topiramate and she is now on 37.5 twice a day. Spinal pain. Involves her neck, her thoracic region as well as her lumbar spine. Will prescribe physical therapy. She also wishes to

Radiology Services Denied Not Medically Necessary

Hx of neuropathy; This study is being ordered for a neurological disorder.; DATE UNKNOWN; There has been treatment or conservative therapy.; Whole body numbness and tingling; Meds, OTC NSAIDS

Radiology Services Denied Not Medically Necessary

Patient with chronic low back pain, paresthesias, and neck pain. June 11, 2015 Cervical Spine MRI results with DDD. May 5, 2015 NCV/EMG results with in normal limits.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Since last visit, had 1 episode of burning working it's way down L leg from hip down over ~5d, now resolving. This started a couple of weeks after bending over in the store and feeling a pop in her back followed by back pain. Has happened off/on over th; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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

Radiology Services Denied Not Medically Necessary

This has been going on for 1 year and is intermittent pain. Left leg and bilateral feet and sometimes pain in his hands. He has had a X-ray done that showed as a normal study.; 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.

Radiology Services Denied Not Medically Necessary

He is brought in by his nice friend for f/u. has been on wheelchair in the last 3-4 months, due to balance issue and numbness in the feet. MRI of the brain showed old pontine infarct and atrophy with dilated ventricles, and MRA brain showed multiple perip; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

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.;

; This study is being ordered for a neurological disorder.; Mark was seen with Dr. Jay Hinkle, and I agree with Dr. Hinkle's assessment; as well as history, physical, and examination. In brief, Dr. Williams had diffuse weakness and ataxia, unknown cause. MRI scans do not show spinal cord very well; There has been treatment or conservative therapy.; Mark was seen with Dr. Jay Hinkle, and I agree with Dr. Hinkle's assessment; as well as history, physical, and examination. In brief, Dr. Williams had diffuse weakness and ataxia, unknown cause. MRI scans do not show spinal cord very well; He is not going to practice medicine anymore because of his health issues; but he would like to keep his license. I told him that I think it will be very difficult for him to practice medicine given all of his health problems, so I endorse his going o

Radiology Services Denied Not Medically Necessary

She has a strong family history of cancer (Both her mother and sister) She had a Neuropsych Eval that suggested a CTA head/Neck as her decline suggested a possible vascular etiology.; This study is being ordered for a neurological disorder.; August of last year; There has been treatment or conservative therapy.; her speech is delayed and she has problems finding words and getting words out, chronic daily headaches, hearing lost in both ears, vertigo, tinnitus, and difficulty Swallowing.; Lamictal 25mg QHS titrating up to 100mg BID

Radiology Services Denied Not Medically Necessary

psychological testing done/shows dementia; fam hx alzheimers; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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.

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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

lung nodule, f/u to procedure from last; "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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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

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

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

< 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.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.

; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.

LPB and radiates to her back; 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.

UTERINE PAIN AND ABNORMAL BLEEDING, PREVIOUS IMAGING(ULTRASOUND) WAS INCONCLUSIVE. HAD KNOWN FIBROIDS AND POLYPS, CT RECOMMENDED FOR FURTHER EVAL; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

visualize left ovary and endometrial strip; 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.

Chief Complaint  difficulty with placing tampons   
History Of Present Illness  Isabelle Jones is a 15 year old Caucasian/White female, single, G0 P0000, whose LMP was 11/04/2015. Patient describes menstrual cycle as is regular, light to moderate flo; This study is being ordered for Congenital Anomaly.; Unknown, ruling out congenital anomaly and possible transverse vaginal septum; There has not been any treatment or conservative therapy.; Patient is unable to place the smallest of tampons and upon my examination I was unable to locate the vaginal opening.

PT has a HX of endometriosis.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

ULTRASOUND SHOWED A SMALL NABOTHIAN CYST AND NEITHER OVARY WAS ABLE TO BE VISUALIZED. FURTHER STUDY IS NEEDED.; 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

VULVA BIOPSY AND LUSIS OF LABIAL ADHESIONS ON 9-16-14--TRIGGER POINTS INJECTIONS; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

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.

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 performed.; The results of the exam were normal.; The patient did not have an Ultrasound.

fibroids; 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.

This is a request for an abdomen-pelvis 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.
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.

This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.

This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; robotic hysterectomy /bso on 7/13/15 for higrade cervical dysplasia-did well post op with minimal vaginal bleeding now presents with pelvic pain and a for a week and has a palpapable mass at the cuff.

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

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; <Enter Additional Clinical Information>

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

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.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

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>

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

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor

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

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; possible hernia

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 R/O metastases

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 R/O metastases

This is being ordered due to a hernia. Please refer to MDO for additional clinical.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

Chief Complaint  difficulty with placing tampons   
History Of Present Illness  Isabelle Jones is a 15 year old Caucasian/White
female, single, G0 P0000, whose LMP was 11/04/2015. Patient describes menstrual
cycle as is regular, light to moderate flo; This study is being ordered for Congenital
Anomaly.; Unknown, ruling out congenital anomly and possible transverse vaginal
septum; There has not been any treatment or conservative therapy.; Patient is unable
to place the smallest of tampons and upon my examination I was unable to locate the
vaginal opening.

; 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).

; 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.

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 genetric testing or a suspected implant
rupture.

Breast lump; 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).

Mbr has dense breasts.; 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).

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.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for Breast MRI.; This study is being ordered for 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.

unknown; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for a 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 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.

Radiology Services Denied Not Medically Necessary

patient is 23 weeks pregnant with twins, patient taking emitrex but it is not working; This request is for 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).

Radiology Services Denied Not Medically Necessary

pregnant- fetal maternal fetal medicine to see if she can tolerate general anesthetic for c section; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown why this study is being ordered.

Radiology Services Denied Not Medically Necessary

Patient has chest congestion and cough as a child was stepped on by horse; fluid removed from chest. Has acute bronchitis and chest wall pain when 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.

Radiology Services Denied Not Medically Necessary

Steadily increasing and radiating pain for the last 2 months. Patient has had negative X-Rays, injections and physical therapy with no help and nodule has not improved.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/2015; There has been treatment or conservative therapy.; Pain radiating from left scapula to chest and abd. Feels like it is going through her body. Small nodule on Scapula; 2 injections  Physical therapy

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.; 9/8/2014; There has been treatment or conservative therapy.; vulva biopsy and lysis of labial adhesions on 9/16/2014. trigger points injections; topical cream, oral medications

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.; 9/8/2014; There has been treatment or conservative therapy.; vulva biopsy and lysis of labial adhesions on 9/16/2014. trigger points injections; topical cream, oral medications

Radiology Services Denied Not Medically Necessary

Steadily increasing and radiating pain for the last 2 months. Patient has had negative X-Rays, injections and physical therapy with no help and nodule has not improved.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/2015; There has been treatment or conservative therapy.; Pain radiating from left scapula to chest and abd. Feels like it is going through her body. Small nodule on Scapula; 2 injections; Physical therapy

Radiology Services Denied Not Medically Necessary

having pelvic pain fr 6 months; This is a request for an abdomen-pelvis 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.

Radiology Services Denied Not Medically Necessary

None; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

status post total abdominal historectomy, severe endometriosis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.

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>

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; uterine pain and abnormal bleeding, previous imaging (ultrasound) was inconclusive, had known fibroids and polyps, CT recommended for further evaluation

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

Radiology Services Denied Not Medically Necessary

This is a request for a Heart CT.

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 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).

Radiology Services Denied Not Medically Necessary

will fax clinical info; 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 a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.

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

The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is not an oncologist or orthopedist.; The patient 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 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.

INJURY 2 YRS AGO, A COUPLE DAYS AGO SHE BENT OVER AND NOW PAIN IS RADIATING DOWN RIGHT SIDE TO TOES; The study 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.

Radiology Services Denied Not Medically Necessary

Tingling in LE degenerative changes; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Uterus Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

evaluation of patient with lung mass 4.2cm; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

Evaluation of patient with 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Uterus Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with worsening SOB.; "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.

evaluation of pt with malignant neoplasm of adrenal gland; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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 metastatic disease.; There are 5 or more exams are being ordered.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

none; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

none; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

none; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

Evaluation of patient with 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Uterus Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

evaluation of pt with malignant neoplasm of adrenal gland; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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 metastatic disease.; There are 5 or more exams are being ordered.

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 R/O metastases

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.

Patient states had a yearly mammogram on 9-2-15. She denies palpating a lump, pain, nipple discharge or skin dimpling. MG was done at St Vincent In Little Rock,AR. She then had a needle core biopsy at St. Vincents Breast Center on 9-3-15. Pathology rev; 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.

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).

Evaluation of patient with 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

evaluation of patient with lung mass 4.2cm; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with Uterus Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

evaluation of pt with malignant neoplasm of adrenal gland; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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; 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 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.

< 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.; Light sensitivity, worsening headaches with no relief, left optic Neuropathy, PS do pathaladema; pain medications

unknown; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"

< 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.; Light sensitivity, worsening headaches with no relief, left optic Neuropathy, PS do pathaladema; pain medications

"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.

< 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 physician is not a hematologist/ oncologist.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/13/2015; There has been treatment or conservative therapy.; THE MEMBER HAD BLURRED VISSION IN THE BOTTOM 1/2 OF THERE LEFT EYE; THE MEMBER BLOOD WR ORDERED THE MEMBER TOO SEE PCP & THIS MRI ORDERED

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; vision defects

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/6/15; There has not been any treatment or conservative therapy.; Patient cant get vision corrected pass 20/70

esotropia/graves disease/diplopia/history of thyroid dysfunction; This study is 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.; esotropia/diplopia history of thyroid dysfunction; Treated with prism glasses in past

MD wants to rule out pseudo tumor; This study is being ordered for Vascular Disease.; 10/9/2015; There has not been any treatment or conservative therapy.; visual disturbances in the right eye, elevated BP, mild headaches

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.; 10/14/2015; There has not been any treatment or conservative therapy.; Diabetic with vision changes

Observation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/2015; There has not been any treatment or conservative therapy.; Floaters and flashes in both eyes, mild leakage in the right eye

patient has swelling of optic nerves; This study is being ordered for Inflammatory/ Infectious Disease.; 10/16/2015; There has not been any treatment or conservative therapy.; blurry vision and headaches

R/O tumor or optic nerve 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 physician is not a hematologist/ oncologist.

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.

unexplained vision loss both eyes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states vision decrease started two years ago. Visual field study performed and shows bilateral field constriction.; There has not been any treatment or conservative therapy.; vision decrease migraine headaches

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Since childhood-gradually gotten worse in the last 5-6 years.; There has been treatment or conservative therapy.; Intermittent double vision; eyes not working together; Tried prism glasses for short time but did not help

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 weeks ago; There has not been any treatment or conservative therapy.; migraines with aura . Transient visual obscurations

R/O Aneurysm and R/O BRAIN 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 physician is not a hematologist/ oncologist.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.

< 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 physician is not a hematologist/ oncologist.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 weeks ago; There has not been any treatment or conservative therapy.; migraines with aura . Transient visual obscurations

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/13/2015; There has been treatment or conservative therapy.; THE MEMBER HAD BLURRED VISSION IN THE BOTTOM 1/2 OF THERE LEFT EYE; THE MEMBER BLOOD WR ORDERED THE MEMBER TOO SEE PCP & THIS MRI ORDERED

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; vision defects

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/6/15; There has not been any treatment or conservative therapy.; Patient cant get vision corrected pass 20/70

esotropia/graves disease/diplopia/history of thyroid dysfunction; This study is 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.; esotropia/diplopia; history of thyroid dysfunction; Treated with prism glasses in past

MD wants to rule out pseudo tumor; This study is being ordered for Vascular Disease.; 10/9/2015; There has not been any treatment or conservative therapy.; visual disturbances in the right eye, elevated BP, mild headaches

None.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Observation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/2015; There has not been any treatment or conservative therapy.; Floaters and flashes in both eyes, mild leakage in the right eye

patient has swelling of optic nerves; This study is being ordered for Inflammatory/ Infectious Disease.; 10/16/2015; There has not been any treatment or conservative therapy.; blurry vision and headaches

R/O Aneurysm and R/O BRAIN 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 physician is not a hematologist/ oncologist.

R/O tumor or optic nerve 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 physician is not a hematologist/ oncologist.

This request is for 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.

This request is for a Brain MRI; The study is NOT being requested 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.

unexplained vision loss both eyes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states vision decrease started two years ago. Visual field study preformed and shows bilateral field constriction.; There has not been any treatment or conservative therapy.; vision decrease migraine headaches

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Since childhood-gradually gotten worse in the last 5-6 years.; There has been treatment or conservative therapy.; Intermittent double vision; eyes not working together; Tried prism glasses for short time but did not help

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/12/2015; There has been treatment or conservative therapy.; Headache and light sensitivity.; Medications

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

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.; 10/12/2015; There has been treatment or conservative therapy.; Headache and light sensitivity.; Medications

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.; 10/14/2015; There has not been any treatment or conservative therapy.; Diabetic with vision changes

Radiology Services Denied Not Medically Necessary

n/a will s/w ICR; "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. This is a request for a temporomandibular joint MRI.

dizziness nausea; This study is being ordered for trauma or injury.; 11/26/2015; There has been treatment or conservative therapy.; headache sev neck pain numbness and ting both arms bilateral hand; physical therapy hydrocodone 10mg

dizziness nausea; This study is being ordered for trauma or injury.; 11/26/2015; There has been treatment or conservative therapy.; headache sev neck pain numbness and ting both arms bilateral hand; physical therapy hydrocodone 10mg

< 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.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.

blurred vision tingling sensation in arms and hands cannot twist head mobility issues rule out a brain bleed; This study is being ordered for trauma or injury.; 11/26/2015; There has been treatment or conservative therapy.; headache severe neck pain arm weakness and numbness bilateral arms; medication - Norco and physical therapy -

pt I having vision changes and memory loss with the headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This patient is seen today for their intitial evaluation of unexplained numbness in both upper extremities. This patient tells me that he is having trouble with balance and also having numbness in both hands. He states he developed some neck spasms abou; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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

This request is for 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.

"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.

; "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.

Screening for breast cancer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

This study is being ordered for pre-operative evaluation.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This is a request for a chest MRI.

There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.

Cervical motion is very limited in all directions but primarily rotation. Flexion and extension are significantly limited too.; 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.

Onset July 2015 after lifting a dirt bike. Prior fusion by Dr. Rubin November 2014. She was doing fine until she lifted dirt bike. Pain is moderate in intensity and aching, burning, throbbing in nature. Pain radiates into right upper arm, forearm, to th; 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.

PREOPERATIVE WORK FOR SPINE 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.; 6/9/2015; There has been treatment or conservative therapy.; Scoliosis; Physical therapy and medications

pt is having neck pain and bilateral upper extremity 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.

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.

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to suspected tumor with or without metastasis.; There is evidence of tumor or metastasis on a bone scan or x-ray.; There is a reason why the patient cannot have a Cervical Spine MRI.

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10years ago; There has been treatment or conservative therapy.; Radicular pain going down legs,; MEDS and 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.; 2014; There has been treatment or conservative therapy.; chronic left and right buttock and leg pain after surgery; pt had surgery

Based on the lumbar plain films an MRI and available to me today the patient appears to have a solid fusion down-L3. At L4-5 he has some slight lateral listhesis and some is notable disk breakdown at that level causing moderate spinal stenosis. I reviewed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PAIN SINCE REMOVAL OF SPINAL HARDWARE IN 2004; There has been treatment or conservative therapy.; PAIN IN THE MID AND LOWER BACK; He states that this leg pain has worsened since an L4-5 nerve root injection in the fall, which did not provide him any improvement. He had physical therapy several months back and this did not provide any were improvement for him. He sometimes uses a whe

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.

PREOPERATIVE WORK FOR SPINE 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.; 6/9/2015; There has been treatment or conservative therapy.; Scoliosis; Physical therapy and medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10years ago; There has been treatment or conservative therapy.; Radicular pain going down legs,; MEDS and 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.; 2014; There has been treatment or conservative therapy.; chronic left and right buttock and leg pain after surgery; pt had surgery

Based on the lumbar plain films an MRI and available to me today the patient appears to have a solid fusion down-L3. At L4-5 he has some slight lateral listhesis and some is notable disk breakdown at that level causing moderate spinal stenosis. I reviewed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PAIN SINCE REMOVAL OF SPINAL HARDWARE IN 2004; There has been treatment or conservative therapy.; PAIN IN THE MID AND LOWER BACK; He states that this leg pain has worsened since an L4-5 nerve root injection in the fall, which did not provide him any improvement. He had physical therapy several months back and this did not provide any were improvement for him. He sometimes uses a whe

PREOPERATIVE WORK FOR SPINE 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.; 6/9/2015; There has been treatment or conservative therapy.; Scoliosis; Physical therapy and medications

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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

to evaluate for fracture after 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.; 2014; There has been treatment or conservative therapy.; severe pain of the left leg; pt has undergone surgery and is now having pain

< 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 shoulder 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/04/2015; There has been treatment or conservative therapy.; l/shoulder pain, stiffness, decreased ROM; anti-inflammatories; HEP begin date 9/4/2015 - ongoing

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Posotive Spurlings 09/24/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Pt has had epidural steroid injections, and NSaid therapy, also pt has been doing a Home exercise program started in 09/24/2015 ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness with leifting arms and numbness and tingling down right upper extremity. Physical therapy has not helped at all.; The patient 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 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.

; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Physical exam of her cervical spine reveals pain with flexion of her cervical spine. She also has pain with extension and approximately 50% of her normal extension. Lateral rotation to the right recreates her right upper extremity numbness and tingling. 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.

blurred vision tingling sensation in arms and hands cannot twist head mobility issues rule out a brain bleed; This study is being ordered for trauma or injury.; 11/26/2015; There has been treatment or conservative therapy.; headache severe neck pain arm weakness and numbness bilateral arms; medication - Norco and physical therapy -

Cervical spondylosis and impingement syndrome to the left shoulder. Neck and shoulder pain. Meds and physical therapy have not helped.; This study is being 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.; Left neck and shoulder pain with some pain to the left arm.; anti-inflammatories, physical therapy

CONTINUED 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.; 2014; There has not been any treatment or conservative therapy.; NEUROMUSCULAR SCOLIOSIS, KLIPPEL-FEIL SYNDROME, CERVICAL STENOSIS, KAWASAKI DISEASE, INCREASE IN DEXTRSCOLIOSIS OF THE THORACIC SPINE AND LEVOSCOLIOSIS OF THE LUMBAR SPINE.

EMG and nerve study done of his upper extremities and lower extremities and the reports was there was denervation findings on EMG in the bilateral upper extremities especially triceps muscle were also fasciculations were seen. The there was bilateral C7 r; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Paresthesias in both thighs, coughing and sneezing cause back pain,; Anti-inflammatories, Flexeril, chiropractic care, rest, activity modification.

Enter answer here - or Type A lot of her symptoms sounds like neuropathy. She has tried conservative treatment for over two months, which has failed and she is worse than before. She has stocking and glove type distribution of the sensory deficits on the ; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness, numbness and tingling with bilateral upper extremities. trouble grasping objects of any kind. positive Tinel's all over arm and positive Spurling maneuver. No signs of carpal tunnel from EMG.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

He has about 50% normal cervical rotation with active cervical extension. He relates tingling in his left arm from shoulder to thumb. No motor weakness on manual testing. Circulation is fine. X-rays show moderate disc degeneration with spurring at C3-4 and; This is a 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.

PATIENT HAS FAILED NUMEROUS CONSERVATIVE METHODS, INCLUDING MEDICATION, RESTING AND CHANGE IN ACTIVITY WITH NO RELIEF. PATIENT HAS DDD AND RADICULOPATHY.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT HAS HAD PAIN FOR THE PAST 12 WEEKS WITHOUT RELIEF; There has been treatment or conservative therapy.; PAIN IN SHOULDER, NECK AND BACK, BOTH SIDES. PATIENT ALSO HAS RADICULOPATHY. PATIENT HAS TROUBLE SLEEPING AT NIGHT AND LAYING ON EITHER SIDE.; PATIENT HAS HAD CHANGE IN ACTIVITY BECAUSE HE HAS TROUBLE SITTING AND STANDING. HE HAS USED REST AND TRACTION, AND ALSO MEDICATIONS WITHOUT RELIEF

Patient has numbness, burning, tingling and pain in arms and legs, hands and feet, bilaterally. Progressively worsening.; This study is being ordered for a neurological disorder.; Patient has had pain in her neck and lower back, hands and feet for some time. It is progressively worsening. It has been going on for at least 10 years; There has been treatment or conservative therapy.; Numbness, tingling, burning, pain in hands and feet, arms and legs, bilaterally; Patient has been given anti-inflammatory drugs, pain medication and nerve pain medications. She has been recently been given a script for PT for core strengthening, which she will start ASAP

Patient presented to the clinic for evaluation of diffuse cervical and lumbar spine pain. Reports falling 20 feet off of a ladder in 2008. Patient was diagnosed with a lumbar vertebral fracture in 2009 and reports continued pain in his arms and legs, numb; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; Patient presented to the clinic for evaluation of diffuse cervical and lumbar spine pain. Reports falling 20 feet off of a ladder in 2008. Patient was diagnosed with a lumbar vertebral fracture in 2009 and reports continued pain in his arms and legs, numb; Physical Therapy which patient was unable to tolerate due to pain symptoms.

-persistent pain and not responding to conservative tx; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2010; There has been treatment or conservative therapy.; - ongoing lo back pain numbness and tingling as well. 8-10/10; - Neck pain radiates to bilateral shoulders, numbness and tingling. 8-10/10; - PT both L and C spine 10/01/2015; - Cyclobenzaprine and Prednisone

PHYSICIAN WANTS TO RULE OUT AC JOINT ARTHRITIS. PATIENT IS IN SEVERE PAIN, HAS HAD CHANGE IN ACTIVITY, HAS USED NSAIDS AND CAN BARELY LIFT HER HANDS.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; PATIENT HAS TINGLING IN LEFT ARM AND HAND, PAIN WITH OVERHEAD MOVEMENT, HURTS TO LAY ON IT.

possible candidate for epidural injections to both areas; xrays show no fractures; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/25/2015; There has been treatment or conservative therapy.; severe neck pain that radiates down both shoulder; difficulty with turning head side to side; limited range of motion; severe low back pain that radiates down to both legs; difficulty laying flat; painful bending over; Physical Therapy; Medication; Xrays were done PREOPERATIVE WORK FOR SPINE 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.; 6/9/2015; There has been treatment or conservative therapy.; Scoliosis; Physical therapy and medications

PRE-OPERATIVE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2014; There has not been any treatment or conservative therapy.; PROGRESSIVE NEUROMUSCULAR THORACOLUMBAR SCOLIOSIS IN RETT SYNDROME PATIENT.; 88 DEGREE THORACOLUMBAR CURVE, HAS A 13 DEGREE PELVIC OBIQUITY, HAS APPROXIMATELY 35 DEGREE MAIN THORACIC CURVE, HER SITTING FILM, SHE HAS THORACOLUMBAR KYPHOSIS WITH A SLIGHTLY

pt c/o neck pain with pain down right arm. R/o impingement vs. herniated disk; 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.

Reports history of scoliosis, diagnosed in 7th grade. Back pain has been gradually getting worse. Pain is severe in intensity and aching, dull, piercing, throbbing in nature. Pain radiates into the left lateral thigh region. She also has cramps in the; This study is being ordered for Congenital Anomaly.; pt has scoliosis; It is not known if there has been any treatment or conservative therapy.; pain in the back that radiates down into the hip and groin

SEE CLINICAL; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; X-RAY DEMONSTRATES A LUMBAR LORDOSIS OF APPROXIMATELY 110 DEGREES, PROGRESSIVE WEAKNESS AND LOSS OF COORDINATION, HAS HAD COMPENSATORY CHANGES IN HIS THORACIC SPINE AND HIS PELVIS

spondylolisthesis; This study is being ordered for a neurological disorder.; 9/16/15; There has been treatment or conservative therapy.; Neck and mid back pain radiating into his shoulders, scapula. abnormal reflex of upper extremity and abnormal strength.; medications

symptoms getting worse despite 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.; Several years; There has been treatment or conservative therapy.; neck pain with arm pain, severe back pain and radiating right leg pain; Physical therapy, chiropractic treatment, pain medication, muscle relaxers, anti-inflammatories

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.

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.

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.

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.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.

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.

This is a 52-year-old right-hand dominant female who presents with neck pain. She was referred by Dr. Pearce to rule out cervical pathology. Pain is moderate in intensity. Pain is getting worse. Pain radiates into the shoulder upper arm, forearm, to 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.; DocumePain radiates into the shoulder upper arm, forearm, to the hand. Denies any numbness and tingling. Arm feels weak. She has some symptoms on the right, but left is worse.nt 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.

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

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

This is a request for cervical spine MRI; Neurological deficits; Pain seems to be getting worse. She has notices numbness and tingling down into her left arm and pain and tingling into the base of her skull. This seems to be positional. There is no specific injury. She describes the pain as dull, achy pains intermi; 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 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; medications , status post AED; 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 is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; Pre-Operative Evaluation; Cervicalgia with possible mild enlargement/edema in the bilateral C7 and C8 nerve roots on noncontrasted MRI; Thoracic pain; ; Plan; The axial images demonstrate possible mild enlargement/edema in the bilateral C7 and C8 nerve roots. No evidence of nerve; No, the patient does not have new or changing neurological signs or symptoms.; Yes, the last Cervical spine MRI was performed within the past two weeks.

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.

This is a request for cervical 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.

This is a request for cervical 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.

This is a request for cervical 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.

This is a request for cervical spine MRI; Trauma or recent injury; ; It is not known if the patient have new or changing neurological signs or symptoms.

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.

This is a request for cervical spine MRI; Trauma or recent injury; Has persistent pain the neck, persistent jaw pain and headaches after motor vehicle accident 6 months ago. Has a possible significant sprain of the posterior cervical ligament; It is not known if the patient have new or changing neurological signs or symptoms.

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.

Trying to rule out neurological disorder vs brachial plexus injury; This study is being ordered for a neurological disorder.; 6-7 months; There has been treatment or conservative therapy.; Marked weakness LUE; hemiplegia; Muscle relaxers & NSAID's

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown

unknown; This study is being ordered for trauma or injury.; 10/8/2015; It is not known if there has been any treatment or conservative therapy.; Severe pain radiating into right arm & back pain radiating into right leg

; This study is being ordered for Congenital Anomaly.; the pt is having back pain from scoliosis that was found when she was 16, the pain is continuing to get worse; There has been treatment or conservative therapy.; back pain that radiates into the buttock region on both sides; medications

At the level of T4, there is perceived mass effect on the posterior aspect of the cord with ventral cord displacement and narrowing of the AP dimension of the cord to 4 mm. This could simply be related to prominent CSF flow versus possibly another etio; This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.

Called with MRI that he dropped off at our clinic performed at MD Anderson 9/1/15. There is some enhancement surrounding the exiting left L3 nerve root in the left L3 foramen. This would be an unusual manifestation of metastatic renal cell, follow-up MR; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

CONTINUED 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.; 2014; There has not been any treatment or conservative therapy.; NEUROMUSCULAR SCOLIOSIS, KLIPPEL-FEIL SYNDROME, CERVICAL STENOSIS, KAWASAKI DISEASE, INCREASE IN DEXTROSCOLIOSIS OF THE THORACIC SPINE AND LEVOSCOLIOSIS OF THE LUMBAR SPINE.

PATIENT HAS FAILED NUMEROUS CONSERVATIVE METHODS, INCLUDING MEDICATION, RESTING AND CHANGE IN ACTIVITY WITH NO RELIEF. PATIENT HAS DDD AND RADICULOPATHY.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT HAS HAD PAIN FOR THE PAST 12 WEEKS WITHOUT RELIEF; There has been treatment or conservative therapy.; PAIN IN SHOULDER, NECK AND BACK, BOTH SIDES. PATIENT ALSO HAS RADICULOPATHY. PATIENT HAS TROUBLE SLEEPING AT NIGHT AND LAYING ON EITHER SIDE.; PATIENT HAS HAD CHANGE IN ACTIVITY BECAUSE HE HAS TROUBLE SITTING AND STANDING. HE HAS USED REST AND TRACTION, AND ALSO MEDICATIONS WITHOUT RELIEF PREOPERATIVE WORK FOR SPINE 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.; 6/9/2015; There has been treatment or conservative therapy.; Scoliosis; Physical therapy and medications

PRE-OPERATIVE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2014; There has not been any treatment or conservative therapy.; PROGRESSIVE NEUROMUSCULAR THORACOLUMBAR SCOLIOSIS IN RETT SYNDROME PATIENT.; 88 DEGREE THORACOLUMBAR CURVE, HAS A 13 DEGREE PELVIC OBIQUITY, HAS APPROXIMATELY 35 DEGREE MAIN THORACIC CURVE, HER SITTING FILM, SHE HAS THORACOLUMBAR KYPHOSIS WITH A SLIGHTLY

Reports history of scoliosis, diagnosed in 7th grade. ; Back pain has been gradually getting worse. Pain is severe in intensity and aching, dull, piercing, throbbing in nature. Pain radiates into the left lateral thigh region. She also has cramps in the; This study is being ordered for Congenital Anomaly.; pt has scoliosis; It is not known if there has been any treatment or conservative therapy.; pain in the back that radiates down into the hip and groin

SEE CLINICAL; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; X-RAY DEMONSTRATES A LUMBAR LORDOSIS OF APPROXIMATELY 110 DEGREES, PROGRESSIVE WEAKNESS AND LOSS OF COORDINATION, HAS HAD COMPENSATORY CHANGES IN HIS THORACIC SPINE AND HIS PELVIS

spondylolisthesis; This study is being ordered for a neurological disorder.; 9/16/15; There has been treatment or conservative therapy.; Neck and mid back pain radiating into his shoulders, scapula. abnormal reflex of upper extremity and abnormal strengthen.; medications

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.

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.; pt is undergoing pt for strenthining and core building

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.

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.;

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.

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left leg pain with numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; shoulder and back pain; medication/injections/
; 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.

; 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 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.; pt failed his home treatment and medication
; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;

; The 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.

; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

; 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.

; This study is being ordered for Congenital Anomaly.; the pt is having back pain from scoliosis that was found when she was 16, the pain is continuing to get worse; There has been treatment or conservative therapy.; back pain that radiates into the buttock region on both sides; medications

1. Spondylolysis, L5-S1 with minimal spondylolisthesis, numbness radiating down the right leg; 2. Degenerative disc disease; 3. Bilateral subacute sacral ala fractures; 4. Prior scoliosis corrective surgery with Harrington rod placement performed 1977; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has greater than 6 month history of low back pain that started in December and was significantly aggravated by walking this past spring when she developed numbness. ; Pain is moderate to severe in intensity and aching, burning in nature. Back pain will; There has been treatment or conservative therapy.; Pain is moderate to severe in intensity and aching, burning in nature. Back pain will radiate into the left buttock. Positive for numbness that radiates laterally down the right leg into the foot. She also has numbness in the left foot at times. Pain is a; She has had two rounds of physical therapy which helped minimally. ; She had LESI 2 weeks ago at Baptist radiology departmen

Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205;

_____ ; PATIENT: Robert Boughton; MED REC NUM: 00000235778; DATE OF BIRTH: 02/10/1972; AGE: 43 Years; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Called with MRI that he dropped off at our clinic performed at MD Anderson 9/1/15. There is some enhancement surrounding the exiting left L3 nerve root in the left L3 foramen. This would be an unusual manifestation of metastatic renal cell, follow-up MR; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

CONTINUED 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.; 2014; There has not been any treatment or conservative therapy.; NEUROMUSCULAR SCOLIOSIS, KLIPPEL-FEIL SYNDROME, CERVICAL STENOSIS, KAWASAKI DISEASE, INCREASE IN DEXTROSCOLIOSIS OF THE THORACIC SPINE AND LEVOSCOLIOSIS OF THE LUMBAR SPINE.

Decreased motor strength, absent reflexes in patella and Achilles, anterolisthesis.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

EMG and nerve study done of his upper extremities and lower extremities and the reports was there was denervation findings on EMG in the bilateral upper extremities especially triceps muscle were also fasciculations were seen. The there was bilateral C7 r; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Paresthesias in both thighs, coughing and sneezing cause back pain,; Anti-inflammatories, Flexeril, chiropractic care, rest, activity modification.

He has a lot of pain with forward bending, in his back & down the anterior thigh. Left patellar reflexes diminished compared to the right, SLR causes significant pain bilaterally, primarily in the back. Worse on the left than the right. Hamstrings are very; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

I discussed my findings with the patient in detail including options of treatment and the benefits and risks of each. She has had 4 years of pain. She has worst discomfort in supine position and at rest. She has increasing pain and aggravation followin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; right hip, low right sided back pain. pain for four years, pain is localized on the right side, posterior, achy, pain is worse at rest, lying than when sitting or standing. activity does cause increased pain. pain is achy and constant.; ibuprofen, SI joint injection

Jesse Cash is a 38 years old Male from Everton, AR. Patient had surgery in 2010 by Dr. Tom Peck Coker where he underwent a partial medial meniscectomy partial lateral meniscectomy and minor synovectomy. ACL was deficient. He continued to have pain continu; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Lower back pain chronic duration. Numbness of both legs. Limited range of motion in lumbar spine. Pain with flexion. Diminished touch sensation to left lateral thigh. Patient describes left lower extremity weakness.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.

Lumbago, lumbar spondylosis, and muscle spasms. Further evaluate any abnormalities in the lumbar and pelvic region.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/15/2015.; There has been treatment or conservative therapy.; Lower back pain that is chronic in duration. Pain in left lower lumbar that radiates down left hip to left knee that is a constant moderate ache that is not relieved with medications. Limited range of motion throughout lumbar spine. Pain demonstrated with; Physical therapy which didn't help. Lumbar Spine Examination Brief Exam; Skin: There are no abrasions, contusions, or erythema. ; Gait: Gait and station are normal. The patient ambulates unassisted. ; Inspection: Local inspection shows no step-off or bruising. Lumbar alignment is normal. Sag; 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

Lumbar Spine Examination Brief Exam; Skin: There are no abrasions, contusions, or erythema. ; Gait: He ambulates with a broad based gait forward flexed. ; Inspection: Local inspection shows no step-off or bruising. Lumbar alignment is normal. Sagittal and ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; STRENGTH: HE HAS GLOBAL 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.

n.a; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 6 week treatment with low back exercises, and daily anti inflammatory and heat therapy
Pain in the back; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Pain is severe in intensity and burning, throbbing in nature. Pain is getting worse. Pain was initially radiating down her right leg with numbness and tingling. Recently, she developed pain down her left leg posteriorly into the facet. Positive for nu; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; NEUROLOGIC: The patient has 5/5 strength in all lower extremity myotomes. Sensation intact to light touch in lower extremity dermatomes, diminished in the L4 and L5 dermatomes on the right compared to left. . Negative clonus. Negative Babinski. Negat

patient has had pain approx 3 months, MRI right knee per PCP unremarkable; patient states pain goes up and down right leg; 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

patient has low back pain that is radiating down right leg that 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

Patient has numbness, burning, tingling and pain in arms and legs, hands and feet, bilaterally. Progressively worsening.; This study is being ordered for a neurological disorder.; Patient has had pain in her neck and lower back, hands and feet for some time. It is progressively worsening. It has been going on for at least 10 years; There has been treatment or conservative therapy.; Numbness, tingling, burning, pain in hands and feet, arms and legs, bilaterally; Patient has been given anti-inflammatory drugs, pain medication and nerve pain medications. She has been recently been given a script for PT for core strengthening, which she will start ASAP

Patient presented to the clinic for evaluation of diffuse cervical and lumbar spine pain. Reports falling 20 feet off of a ladder in 2008. Patient was diagnosed with a lumbar vertebral fracture in 2009 and reports continued pain in his arms and legs, numb; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; Patient presented to the clinic for evaluation of diffuse cervical and lumbar spine pain. Reports falling 20 feet off of a ladder in 2008. Patient was diagnosed with a lumbar vertebral fracture in 2009 and reports continued pain in his arms and legs, numb; Physical Therapy which patient was unable to tolerate due to pain symptoms.

Patient states lower lumbar pain worsened in 2013 secondary to breaking right calcaneus and shifting gait. States the pain is a 'nagging pain' that comes and goes with prolonged standing, but is at times a sharp, stabbing 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.; 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.

Persistent back pain with radiculopathy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in bilateral legs, Diminished sensation in S1 dermatome left 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 not x-ray evidence of a recent lumbar fracture.

-persistent pain and not responding to conservative tx; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2010; There has been treatment or conservative therapy.; - ongoing lo back pain numbness and tingling as well. 8-10/10; - Neck pain radiates to bilateral shoulders, numbness and tingling. 8-10/10; - PT both L and C spine 10/01/2015; - Cyclobenzaprine and Prednisone

Physical Therapy discontinued by therapist due to treatment not helping.; The study requested 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 secondary to pain with 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.

PLAN: I discussed my findings with the patient in detail including options of treatment and the benefits and risks of each. He has been having symptoms for over a year, he has been taking narcotic analgesics, he has had injections about his SI joint ar; This study is being ordered for trauma or injury.; 2011; There has been treatment or conservative therapy.; M25.552-Pain in left hip;M54.42-Lumbago with sciatica, left side; Pain is constant, burning, sore. Has more pain in sitting and supine positions than standing. However, he notes that he can't work because he has difficulty standing for prolonged perio; c/O low back pain, left SI Joint- had cortisone injection into SI area Friday 12/11/15 Seth Garner - no help; Saw Chiropractor - no help. Takes Tylenol #4 daily 4-6 tabs per Seth Garner Chiropractor/NP

possible candidate for epidural injections to both areas; xrays show no fractures; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/25/2015; There has been treatment or conservative therapy.; severe neck pain that radiates down both shoulder; difficulty with turning head side to side; limited range of motion; severe low back pain that radiates down to both legs; difficulty laying flat; painful bending over; Physical Therapy; Medication; Xrays were done PREOPERATIVE WORK FOR SPINE 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.; 6/9/2015; There has been treatment or conservative therapy.; Scoliosis; Physical therapy and medications

PRE-OPERATIVE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2014; There has not been any treatment or conservative therapy.; PROGRESSIVE NEUROMUSCULAR THORACOLUMBAR SCOLIOSIS IN RETT SYNDROME PATIENT.; 88 DEGREE THORACOLUMBAR CURVE, HAS A 13 DEGREE PELVIC OBIQUITY, HAS APPROXIMATELY 35 DEGREE MAIN THORACIC CURVE, HER SITTING FILM, SHE HAS THORACOLUMBAR KYPHOSIS WITH A SLIGHTLY

pt has been given medications and a home program to strengthen and work on the back.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

pt has had back surgery previously and is now having back pain again; 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 had surgery before and having pain now; 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 radicular like pain bilaterally; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

pt is having radiating pain and the pt has complete PT and steroid injections for the 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.; 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.

SEE CLINICAL; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; X-RAY DEMONSTRATES A LUMBAR LORDOSIS OF APPROXIMATELY 110 DEGREES, PROGRESSIVE WEAKNESS AND LOSS OF COORDINATION, HAS HAD COMPENSATORY CHANGES IN HIS THORACIC SPINE AND HIS PELVIS

the pt is continuing to have radicular like pain after conservative at home treatment; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.; neurotin

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.; Naproxin 550 Mg, Lyrica 75 MG

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.; diclofenac, hydrocodone, Robaxin, Voltaren gel

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.

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.

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.

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.

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

The study requested is a Lumbar Spine MRI.; The patient does NOT have 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.

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

This is a 60-year-old male who presents with thoracolumbar pain. He has chronic back pain, for years. He has pain in the thoracolumbar region. Pain is getting worse. Pain is severe in intensity and piercing in nature. Pain is aggravated by lifting; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

to evaluate for fracture after 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.; 2014; There has been treatment or conservative therapy.; severe pain of the left leg; pt has undergone surgery and is now having pain

to evaluate why the pt is still having pain; This study is being ordered for trauma or injury.; july 2015; There has been treatment or conservative therapy.; continued back pain after surgery in july 2015; medications, surgery, pt, home exercises

track and field athlete with chronic low back pain since 11/4/15. pt has failed NSAIDS, supervised PT, chiropractic (including traction and E-stem), rest, activity modification. symptoms not improving with treatment; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.; rt leg weakness with a positive straight leg raise 4 of 5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

We will obtain a bone scan with SPEC imaging of the lumbar spine, pelvis and hip in order to ensure there is no pathology that we are not seeing on x-ray; 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. >; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.

< 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.

< 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.

; 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.

; This study is 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.; CHIEF COMPLAINT: 1. Increasing left hip pain and left leg numbness.; 2. History of synovial chondromatosis, left hip; surgery 12/03/2007

I am going to CT her pelvis to look at the fracture in the back and make sure that were healing and doing well and look at the pelvic ring itself. She may have pelvic pain from an area that is not healing, which could be related to instability or to infec; 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.

motor vehicle accident f/u ct to ck for fracture healing; 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.

; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

1. Spondylolysis, L5-S1 with minimal spondylolisthesis, numbness radiating down the right leg; 2. Degenerative disc disease; 3. Bilateral subacute sacral ala fractures; 4. Prior scoliosis corrective surgery with Harrington rod placement performed 1977; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has greater than 6 month history of low back pain that started in December and was significantly aggravated by walking this past spring when she developed numbness. ; Pain is moderate to severe in intensity and aching, burning in nature. Back pain wil; There has been treatment or conservative therapy.; Pain is moderate to severe in intensity and aching, burning in nature. Back pain will radiate into the left buttock. Positive for numbness that radiates laterally down the right leg into the foot. She also has numbness in the left foot at times. Pain is a; She has had two rounds of physical therapy which helped minimally. ; She had LESI 2 weeks ago at Baptist radiology departmen

Chronic right hip/hamstring pain for 6 years. Pain mostly when running or sitting and cannot sit for more than ten minutes. She has tried exercises and taken anti-inflammatories with continued pain. MRI is ordered to evaluate the hamstring attachment.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

I discussed my findings with the patient in detail including options of treatment and the benefits and risks of each. She has had 4 years of pain. She has worst discomfort in supine position and at rest. She has increasing pain and aggravation followin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; right hip, low right sided back pain. pain for four years, pain is localized on the right side, posterior, achy, pain is worse at rest, lying than when sitting or standing. activity does cause increased pain. pain is achy and constant.; ibuprofen, SI joint injection

Lumbago, lumbar spondylosis, and muscle spasms. Further evaluate any abnormalities in the lumbar and pelvic region.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/15/2015.; There has been treatment or conservative therapy.; Lower back pain that is chronic in duration. Pain in left lower lumbar that radiates down left hip to left knee that is a constant moderate ache that is not relieved with medications. Limited range of motion throughout lumbar spine. Pain demonstrated with; Physical therapy which didn't help.

mri to see involvement in both femur heads and treatment needed; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

patient fell on ice 8 to 9 months ago and has severe pain not improved with other treatments; 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).

PATIENT PLAYS SPORTS CONSISTENTLY. SINCE THERE IS A MASS THE PHYSICIAN WANTS TO LOOK AT THE THIGH AND HIP, TO HELP DETERMINE WHAT TREATMENT, WHETHER SURGICAL OR NON SURGICAL, TO PURSUE.; This study is being ordered for trauma or injury.; 11/06/2015; There has been treatment or conservative therapy.; POPPING AND BRUISING WHEN HE HAD A HAMSTRING TEAR. ALSO HAS A PALPABLE LUMP AND DEFECT IN THE PROXIMAL THIGH. EXAM OF THE LEFT LEG SHOWS A PALPABLE DEFECT AT THE PROXIMAL HAMSTRING WHEN HE DOES RESISTED KNEE FLEXION. THERE IS A FIRM MASS CONSISTENT WITH A; HE HAS LIMITED ROM AND AT TIMES CANNOT PLAY SPORTS. HAS HAD A PREVIOUS ACL SURGERY IN 2009. HE RUNS, ALSO, AND HAS NOT BEEN ABLE TO DO THAT. HAS TAKEN IBUPROFEN AND USED ICE AND REST.

Pelvis Pain/ Joint Pain; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect

physical exam inconclusive as to reason for pain. No trauma involved. Pt has failed 3 months conservative treatment. MRI to evaluate L Iliac crest stress fracture vs avulsion; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

PLAN: I discussed my findings with the patient in detail including options of treatment and the benefits and risks of each. He has been having symptoms for over a year, he has been taking narcotic analgesics, he has had injections about his SI joint ar; This study is being ordered for trauma or injury.; 2011; There has been treatment or conservative therapy.; M25.552-Pain in left hip; M54.42-Lumbago with sciatica, left side; Pain is constant, burning, sore. Has more pain in sitting and supine positions than standing. However, he notes that he can't work because he has difficulty standing for prolonged perio; c/O low back pain, left SI Joint- had cortisone injection into SI area Friday 12/11/15 Seth Garner - no help; Saw Chiropractor - no help. Takes Tylenol #4 daily 4-6 tabs per Seth Garner Chiropractor/NP

Pt is a 59 years old Male with LEFT hip and knee pain for about 6 months. No specific injury is noted. He points to the lateral side of his knee and the anterior and lateral side of his thigh is erythematous most painful. He also has some pain in his g; 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.

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

to evaluate the pts left hip pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has not been any treatment or conservative therapy.; blockage

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/3/15; There has not been any treatment or conservative therapy.; pain

There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint

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.

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.

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.

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 CT Angiography of the upper extremity.

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Chief complaint: Right hand numbness/tingling and hand stiffness; ; History of present illness; This is a 49-year-old right-hand-dominant male that comes in complaining of right hand numbness and tingling as well as right hand stiffness. This began after;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/15/15; There has been treatment or conservative therapy.; left forearm pain/numbness/ weakness with gripping/minimal tenderness;/ prescribed medications/injections/change in home activity/ice and rest/x-ray negative

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

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.

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.

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.

This nice lady is having some soreness in her left proximal humerus. I have followed her since she was an adolescent with a sessile osteochondroma of the left proximal humerus. She is starting to note paresthesias into her arm when she bumps the osteoch; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Unknown; This study is being ordered for trauma or injury.; 11/15/2015; There has not been any treatment or conservative therapy.; Can't raise his arm or do anything with it.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/04/2015; There has been treatment or conservative therapy.; l/shoulder pain, stiffness, decreased ROM; anti-inflammatories; HEP begin date 9/4/2015 - ongoing

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Posotive Spurlings 09/24/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Pt has had epidural steroid injections, and NSaid therapy, also pt has been doing a Home exercise program started in 09/24/2015

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; july -2015; It is not known if there has been any treatment or conservative therapy.; disorder of the shoulder

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; shoulder and back pain; medication/injections/

; 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.

; 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.

; 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.

; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; The study is not requested for shoulder pain.

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Chief complaint: Right hand numbness/tingling and hand stiffness; ; History of present illness; This is a 49-year-old right-hand-dominant male that comes in complaining of right hand numbness and tingling as well as right hand stiffness. This began after;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/15/15; There has been treatment or conservative therapy.; left forearm pain/numbness/ weakness with griping/minimal tenderness/; prescribed medications/injections/change in home activity/ice and rest/x-ray negative

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; pt states that she has been having pain for 2 months or longer; There has been treatment or conservative therapy.; the pt is having pain in both shoulders.; steroid injections

Cervical spondylosis and impingement syndrome to the left shoulder. Neck and shoulder pain. Meds and physical therapy have not helped.; This study is being 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.; Left neck and shoulder pain with some pain to the left arm.; anti-inflammatories, physical therapy

Dr. Would like to rule out RCT; 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.; Aleve, Tylenol , Icy hot, Heat and Ice.; The patient received medication other than joint injections(s) or oral analgesics.

elbow pain; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.

Fell off Ladder and landed Directly on Left Shoulder and Left Knee. Immediate pain after falling.; This study is being ordered for trauma or injury.; 12/25/2015; There has not been any treatment or conservative therapy.; Pain and swelling in Left Shoulder and Left Knee

HISTORY OF PRESENT ILLNESS: Patient presents today with an injury to his left shoulder. He was involved in a automobile accident 1 month ago. He was a restrained driver. He complains of popping and pain in his left shoulder since that time. He had no prev; 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.

ligament tear , unstable with thumb , laxotee in the md joint; This study is being ordered for trauma or injury.; july 1 2015; There has been treatment or conservative therapy.; pain with range of motion , pain with Obrien testin , pain over her by pass tendon suspecting for labral tear; occupational therapy

MULTI DIRECTIONAL -INSTABILITY  SUPER SPANATIVE INJURY  HOME EXERCISE  HAS HAD INJECTION TO RIGHT SHOULDER POPPING, WEAKNESS, NUMNESS AT NIGHT  NECK PAIN  MEDICATIONS- TYLENOL AND MUSCLE RELAXER AS NEEDED; 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.

New Pt. Pt dislocated shoulder when 16, repair @ 18. Pt is having pain.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/12/2014; There has been treatment or conservative therapy.; Shoulder: r/o RCT, numbness, radiating pain, weakness, pos impingement, xray neg Cervical: pain radiating, evaluate for DJD and radiculopathy, xray neg; Nsaids, PT,

Patient had a fall on 12/12/15 and had her shoulder relocated at MedEx and continues to have pain and popping. She is in a shoulder sling immobilizer. She has weakness on clinical exam. Dr. Ghormley has ordered a MRI to rule out a rotator cuff tear. If MRI; 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.

PATIENT HAD AN INJURY WHERE SHE FELL ON HER ARM AND CAUGHT HERSELF ON HER SHOULDER. SHE HAS SEVERE PAIN, HX OF INSTABILITY AND MOVEMENT OF THE SHOULDER INCREASES PAIN. HAS SOME SWELLING ,CAN'T RAISE OVERHEAD WITHOUT PAIN.; 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.

Patient has right forearm mass and posterior olecranon mass, painful, both are likely lipoma. MRI to eval masses and to preceded 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.; 07/14/2015; There has been treatment or conservative therapy.; worsened pain with multiple masses about the right forearm and elbow.; Mobic, night time bracing

PATIENT IS IN SEVERE PAIN,DR WANTS TO RULE OUT CUFF TEAR, HAS HAD CONSERVATIVE TX.; This study is being ordered for a neurological disorder.; PATIENT SAYS HE HAS HAD PAIN FOR 'SEVERAL YEARS' AND IT JUST KEEPS GETTING WORSE; There has been treatment or conservative therapy.; NECK AND SHOULDER PAIN, OCCASIONAL NUBMNESS DOWN TO HANDS, HE IS UNABLE TOS LEEP AT N IGH. HE HAS POSITIVE NEER AND HAWKINS. PATIENT LIKES TO EXERCISE AND IS UNABLE TO DO WHAT HE NORMALLY DOES.PHYSICAN WANTS TO RULE OUT CUFF TEAR; PATIENT HAS HAD CORTISONE SHOTS ON 10.08.15, HAS TRIED HOME EXERCISES, TAKES ASPRIN positive impingement, supraspinatus weakness; This study is being ordered for trauma or injury.; September 28, 2015; There has been treatment or conservative therapy.; Pain lifting arms away from body or overhead; OTC pain medication and ice. Home exercises.

pt c/o right shoulder pain after a self fell onto her right shoulder. Pain wakes her up at night. Pt has limited range on motion in her right shoulder. Positive impingement syndrome. also tender at her ac joint. Bruising on shoulder after injury. Pt; 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.

pt had a fall on 11.13.15 still having pain and dec rom, r/o traumatic 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.

PT HAS HAD SHOULDER PAIN ABOUT 20 YEARS WITH MULTIPLE DISLOCATIONS; 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.

Right shoulder pain after a fall.; 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.

rt shoulder pain x 6 mths; 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.

sharp stabbing pain; shoulder popped out of place; lifting and using it makes it worse; 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.

She has a positive impingement and positive Hawkins. She has weakness with resisted abduction and is only barely able to hold the arm up against gravity.; 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.

She has bilateral shoulder pain. Her pain has increased. She has had rotator cuff repair surgeries on both shoulders.; This study is 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 shoulder: 2008; Left shoulder: 2013; There has been treatment or conservative therapy.; bilateral shoulder pain, pain with mobility, pain at night, pain when laying on left side, tingling in the entire right hand.; She has had physical therapy, she has tried ice packs, home exercise program, prescription medication, and taken NSAIDs- Ibuprofen daily.

She has had an MRI 9 years ago showing a full-thickness tear of the right shoulder and a high-grade partial-thickness tear of the left shoulder. She has pain with motion. She also has some rotator cuff weakness. She states the left shoulder hurts worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Worsening bilateral shoulder pain. ; X-rays of the right and left shoulder show impingement with distal clavicle arthritis.; Meloxicam; Physical Therapy shoulder pain, 6 months getting worse,; 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.

Shoulders: Inspection Right: no swelling and AC prominence exaggerated. Bony Palpation Right: tenderness of the bicipital groove. Soft Tissue Palpation Right: tenderness of the supraspinatus and the lateral cuff insertion. Active Range of Motion Right: li; 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.

Tenderness: Tender at the ulnar styloid; Range of Motion: Full. Increased pain with ulnar deviation. ; The patient is a well-developed a well-nourished white female in no apparent distress. Alert and oriented times three with normal mood and affect. ; 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.

The MRI's are medically necessary to treat the pt. He has failed over 6 weeks of conservative care and continues have pain.; This study is being ordered for trauma or injury.; initially started in 2003; There has been treatment or conservative therapy.; persistent radicular pain, paresthesia, muscle weakness, pain in the bilateral neck, right shoulder and right arm; Conservative care to include nonsteroidal anti-inflammatory medication, spinal exercises, and joint injections. patient has failed over 6 weeks of conservative care.

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.

The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.

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.

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.

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";

The 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."; check for right shoulder impingement versus rotator cuff tear

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."; Continuous left shoulder pain. positive obriens test, positive compression test. need to rule out SLAP tear.

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."; difficulty lifting arm, pain with overhead activity

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."; hx of fall/injury 12/16/15, evaluate AC joint, r/o possible tear, pos tenderness, weakness with resistance, pos impingement test,

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."; Injury that happen 2 months ago

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."; joint pain, neuralgia, pain and weakness

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."; labral lesion left shoulder

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 after hitting overhead, felt shoulder slip at that time. Rested and went through therapy exercises but shoulder is worse. Feels weak and has looseness in her shoulder that is prohibiting sports participation (softball and volleyba

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient had a MVA and recieved a suspected labral tear to right shoulder.

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 RIGHT SHOULDER PAIN, WEAKNESS, BURNING, STABBING, GNAWING, DEEP PAIN, POSITIVE EMPTY CAN SIGN. FAID CONSERVATIVE CARE FOR THE PAST 2 YEARS THAT INCLUDED NSAIDS, REST, ICE, HOME EXERCISE PROGRAM. Steel was falling off of his work truck and he tried catchi

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; r/o RCT, pos deformity, tenderness, pos cross body abduction test, unable to lift arm,

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; r/o RCT, pos tenderness, weakness, resistance, dec ROM, pos impingement,

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; R/O rotator cuff tear and weakness.

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; She continues to have symptoms of impingement and possibly a small cuff tear

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 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 describes pain with overhead activities. Certain motions cause her a lot of pain and others do not. It bothers her at night. No trauma.&#xOD; &#xOD; Right shoulder strain with impingement syndrome, chronic
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.; Decreased abduction, decreased strength LUE. Positive Jobe's ,Neer & Hawkins sign.

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.; Decreased range of motion/ Xrays type 2 acronym

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.; Examination left shoulder reveals re-creation of her pain with resisted external rotation. She has positive impingement on the left. Passive and active range of motion is painful in the shoulder.

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.; Incomplete rotator cuff tear or rupture of right shoulder
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Limited range of motion. Yergason test grin test are positive causing pain.

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.; pain is aching and sharp with no relieving factors. He also has cervical spine discomfort. Pain with rotation in the elevated position. There is some change at the greater tuberosity. Right shoulder pain syndrome with concern regarding degenerative phenom

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 been given a injection for the shoulder pain. he is positive for impingement signs and positive for Hawkins test. Mild degenerative changes are seen @ the AC Joint

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient has had problems with the Left shoulder and it was Bone spurs and that is the same feeling he has in the Right shoulder at this time.

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 moderate shoulder pain of one year duration. Hurts when lifting or carrying. NSAIDS don't help.

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.; possible rotator cuff tear

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.; Positive Neers test, positive Hawkins, abnormal rotation , and limited range of motion

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; pt has had a recent steroid injection in the shoulder that did not help the pain

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; pt has had some shoulder injections and now the provider would like to see if the pt has torn her rotator cuff

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 is having pain in the right shoulder, onset in sept 2015

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 is having severe shoulder pain and dysfunction since 11/2015

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 is having shoulder and arm pain, feels like something is catching or popping.

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 is been exacerbated with lifting. He had a repair done 10-12 years ago. Pain is severe, sharp and throbbing in getting worse

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 has problems lifting and using it.

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 pt fell off of a horse and hurt the shoulder, this test is to be done with and arthrogram

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 pt is having pain in the right shoulder, she has been treated with anti- inflamatories and she has also had injections

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; unknown

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.

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.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;

The 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. >

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.; 12.10.15 shoulder injury, rotator cuff sprain

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.; Continued left shoulder pain after activity modification.

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.; dislocated shoulder 12/6/15

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.; Fell off of a horse on 12/20/2015, xrays normal , no sign of fracture on exam has signs of possible rotator cuff tear

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.; football injury to L shoulder. Pain, weakness, reduced ROM, reduced strength, swelling, bruising, joint instability and tenderness. Pt stated this is 3rd trauma to L shoulder in past 4 weeks. Increased onset of pain 10/28/15 after latest incident. concern

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; patient had cortisone shot in june 18 2015 and still having pain.

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.; previous surgery on shoulder

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; pt had a fall on 9.25.15 , hitting his shoulder on concrete floor

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 had surgery to this shoulder before.

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 having pain in the shoulder that is severe and waking him up at night

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt was in a auto accident on 10/2 (thrown from car) he has normal xray but very small ROM that is very painful

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 / Trauma at football / dislocated shoulder ...Should is swelling and not doing better

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- weakness with rotator cuff testing

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.; Trying to R/O liberal tear

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; It is not known if the patient has had recent plain films of the shoulder.;

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; It is not known if the patient has had recent plain films of the shoulder.;; Allan returns with a new complaint of right shoulder injury. He slipped one month ago while coming down some wet steps. As he was falling, he grabbed a spindle behind him. His arm was forcefully extended. He has had pain and limited motion since that

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; It is not known if the patient has had recent plain films of the shoulder.;; The patient fell at bowling alley on 11/28/15 and has severe shoulder pain. Has tried ibuprofen with no relief.

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.

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.

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.

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.

The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.

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 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 has previously had an injection which did not help. He describes the pain as sharp, achy pains intermittently moderate in severity. He also complains of pain at night. No numbness and tingling is noted. I gave him an injection back in June that was

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.)."; impingement signs are positive , ac joint pro active test are mild

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.)."; Pain has slowly worsened. He now has a lot of popping and pain. Particularly has pain when reaching overhead in a forward direction. He also has a lot of pain at night. He is taking meloxicam since he was nearly 20 years old. . Patient has had a sub

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 aggravated by reaching, overhead activities, and lifting above shoulder height. There was no accident involved. The patient has had a previous cortisone injection without relief. Furthermore she is taken anti-inflammatory medication without

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 achy, dull pain is intermittent and moderate in severity. The pain is worse with overhead activity and lifting and better with rest. He also complains of pain at night. No numbness and tingling is noted. Forward elevation 130,

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 pains intermittently and 5 as in severity. The pain is worse with overhead activity and repetitive activity and better with medication. No numbness and tingling is noted. Supraspinatus is mildly weak, Infraspinatus i

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 overhead activity and better with rest. The area that is most painful is the area around his rotator cuff insertion. A.C. Joint provocative tests are negative. Impingement signs are positive. Tenderness to palpation over anterola

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 overhead activity and lifting and better with rest. Occasional numbness and tingling is noted. Supraspinatus is mildly weak, A.C. Joint provocative tests are positive. Impingement signs are positive. 4 views of the left and right

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 overhead activity and reaching behind and better with rest and medications. He has a history of neck surgery and has some associated pain with that as well. He has been taking oxycodone 10 mg. Supraspinatus is weak, Infraspinatus i

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 overhead activity and reaching behind and better with rest and medications. Supraspinatus is weak, Infraspinatus is strong, Subscapularis is strong. No evidence of any joint laxity or crepitus. No obvious atrophy. A.C. Joint pro

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 overhead activity and use of the shoulder and better with moist sheath and anti-inflammatories. No numbness and tingling is noted. She has had one injection which was helpful only for a few days. Her x-rays from outside office sh

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 began while she was hanging a picture but not a significant injury. This was on October 10. The pain is described as sharp, achy pain that is constant and 7 out of 10 in severity. The pain is worse with overhead activity and motion and better with

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 pain is significant and has been ongoing for several months. The onset was sudden and has become steadily worse. She rates the pain 7 on a 10 point scale. The pain is aggravated by reaching, overhead activities, and lifting above shoulder height.

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. >

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.; She notes that she has had trouble with movement in the shoulder. She self diagnosed herself with a probable rotator cuff tear. Approximately 5 days ago the pain became acutely worse. She has pain with any type of movement. She also notes soreness pai

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;
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. >

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; dislocation on 11-10-15, and now presents with classic symptoms of labral tear. wanting to confirm before surgery the extent of injury

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; His AC joint is unstable and plan is for MRI to plan our surigcal reconstuction of the AC ligaments.&#xOD; misalignment, scapular winging, and AC prominence exaggerated
XRAYS NEGATIVE

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Left shoulder pain after a fall, rotator cuff tear.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; n.a

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; none

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Numbness, popping, clicking and grinding. Tenderness of the sternocostoclavicular joint, tenderness of greater tuberosity, supraspinatus tenderness, subacromial bursa, lateral cuff insertion. Limited ROM. Hawkins, neers and obriens test are positive. Abduction

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PATIENT HAS A POSSIBLE LABRAL OR ROTATOR CUFF TEAR.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; patient possibly has a rotator cuff tear. unable to lift arm above head. limited range of motion

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PATIENT REINJURED SHOULDER ON 12/6/15 DOCTOR MOORE THINKS SHE MAY HAVE RETURN REPAIR

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Pt had surgery on 9/4/15 b/c of a fracture but then dislocated his shoulder at the end of September, CT scan showed that the shoulder was reduced, now c/o of pain, slight decrease in nerve distribution, has weakness and MDO is suspecting a labral tear.

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 dislocation with Bankart lesion.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; SUSPECTED LABRAL TEAR

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

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; tenderness at bicipital groove, tenderness of glenohumeral joint region, active/passive range of motion is limited, empty can test, feed test, anterior apprehension test, load and shift test are all positive

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Tenderness of the greater tuberosity, tenderness of the glenohumeral region. Limited range of motion. Hawkins test and Neer's test, anterior apprehension test is positive. Abduction is 3/5 and flexion is 3/5

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; TENDERNESS, LESSER TUBEROSITY, HUMERUS JOINT REGION, PECTORALIS MAJOR INSERTION SUBSCAPULAR PAIN, INTERNAL ROTATION IS 4/5. CATCHING LOCKING POPPING GRINDING IN SHOULDER

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 fell off of a ladder on 12/24/15 falling at least 8 feet. He landed on his right shoulder. His symptoms are consistent with a greater tuberosity fracture. Possible rotator cuff tear. An MRI is ordered to evaluate the right shoulder for a great

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 has a dull aching pain with weakness. Tenderness and lateral cuff insertion with limited range of motion, passive/active, external rotation at 0 deg of abduction, X rays from 11/16/2015 shows no abnormalities

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 31-year-old female previously treated with subacromial injection for impingement and bursitis. She notes approximately four weeks of relief following the injection, but the pain has recurred in a similar manner. She complains of pain wi

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.)."

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.

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.

The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The plain films were not normal.

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; 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).

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The requested study is a Shoulder MRI.; The pain is 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).

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.

The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).

The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

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.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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 is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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.

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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.

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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.

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 being ordered by the operating surgeon for pre-operative planning.

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.

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.

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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.

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.

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.

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 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.

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.

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.

This nice lady is having some soreness in her left proximal humerus. I have followed her since she was an adolescent with a sessile osteochondroma of the left proximal humerus. She is starting to note paresthesias into her arm when she bumps the osteoch; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This patient has been seen by her primary care doctor for ongoing shoulder pain she has had oral steroid treatment as well as a home exercise program. She comes to us today with weakness in the right shoulder. The X-rays were negative. Worried she has a rotator cuff tear; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

Trying to rule out neurological disorder vs brachial plexus injury; This study is being ordered for a neurological disorder.; 6-7 months; There has been treatment or conservative therapy.; Marked weakness LUE; hemiplegia; Muscle relaxers & NSAIDs

unknown; This study is being 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

Unknown; This study is being ordered for trauma or injury.; 11/15/2015; There has not been any treatment or conservative therapy.; Can't raise his arm or do anything with it.

; This study is being ordered for Inflammatory/ Infectious Disease.; 3/31/14; There has been treatment or conservative therapy.; Severe pain and weakness. Wears knee brace.; Physical therapy, medications including NSAIDs and oxycodone. Also had knee injections.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;

patient has dysplasia & marked deformity left hip secondary to osteotomy; This study is being ordered for Congenital Anomaly.; birth; There has been treatment or conservative therapy.; pain; anti-inflammatories, altered activities, used cane

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.

This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.

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.

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.

This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.

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.

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.

This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is 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.

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 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.

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.

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.

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.

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

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.

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.

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.

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.

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.

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.

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 CT Angiography of the lower extremity.

< 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 an old injury.; 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.

< 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 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.

< 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.

. Diagnosis: Left knee mild osteoarthritis with possible internal derangement; Left Talus osteophyte and ankle osteoarthritis with possible internal derangement; Continued pain with failure of 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.; 06/2015; There has been treatment or conservative therapy.; Ankle Pain that goes up into her knee and medial knee pain. Pain with weightbearing during sports.; Mobic, Naproxen, Depo-Medrol injection for the ankle, instructed in home exercises for both ankle and knee. ; 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

; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days

; 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.

; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

; This is a request for 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.

; 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.

; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; parasthesis Both Extrimities, Stiffness in Neck,Popping and pain, for Knee Effussion, pain, and Medial Joint line tenderness.; Mobic

; This study is 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.;;

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for trauma or injury.; July 2015; There has been treatment or conservative therapy.; Pain, mechanical symptoms, both knees are buckling, flection, injury while playing; Anti inflammatory medication and oral steroids

; This study is being ordered for trauma or injury.; September 23.2015; There has been treatment or conservative therapy.; STEPPED OUT OF TRUCK AND FELT A PULL OR POP INT HE KNEES. SWELLING, HAS HAD ONGOING PAIN SINCE. PAIN INCREASED WITH STANDING OR WALKING. HAS MEDIAL AND LATERAL JOINT LINE TENDERNESS. POSITIVE MCMURRAYS ON THE LATERAL SIDE. XR REVEAL MILD DJD.; hehas been on mobic, and has a knee support. he has tried injections and used rest and ice.

46-year-old female with bilateral knee pain. She has failed to improve with conservative measures. At this point, I feel that advanced imaging is warranted. I ordered MRI of both knees. She'll follow-up after the MRIs.; This study is being ordered for trauma or injury.; 06/28/2015; There has been treatment or conservative therapy.; Swelling in knees, painful knees, pain with McMurray's, effusion; Physical therapy, anti-inflammatories, topical medication

Bilateral knees: Skin is pink warm, and intact. There is no swelling or effusion. There is a well-healed incision to the anterior left knee and well-healed portals to the right knee. There is tenderness along the medial joint line on the left with no ten; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/01/2015; There has been treatment or conservative therapy.; Bilateral knee pain and tricompartmental arthritis; Tylenol

BIOMET PROTOCOL (OXFORD) - LEFT KNEE; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; 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

Enter answer here - or Type In Unknown If No Info Given PATIENT WITH BILATERAL KNEE PAIN HAVING DIFFICULTY WALKING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;

Fell off Ladder and landed Directly on Left Shoulder and Left Knee. Immediate pain after falling.; This study is being ordered for trauma or injury.; 12/25/2015; There has not been any treatment or conservative therapy.; Pain and swelling in Left Shoulder and Left Knee

had injury in Dec 2014, eval for ACL tear, plan for surgical intervention; 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.

his patient comes in today for evaluation. She resumed her activity and continues with significant pain in her foot and ankle. The grinding appears to involve the extensor hallucis longus and may just be coincidental. Her pain is over the anterior ankle; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2015; There has been treatment or conservative therapy.; It interferes with her activity. She's had a grinding sensation which is palpable and audible for this length of time. No history of any injury; I plan to put her in a boot walker and on a Medrol Dosepak. We will see her back in a week. Knee pain and subluxation-Failed conservative treatment.; 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.

knee pain for several years with locking and instability. exam finds tenderness, effusion, patella crepitance, positive McMurray; 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.

Left Knee Examination Brief Exam; Skin: There are no abrasions, contusions, or erythema. ; Gait: Antalgic gait pattern. ; Inspection: Inspection of the knee reveals no swelling, ecchymosis or deformity. ; Palpation: There is moderate tenderness along the m; 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.

LITTLE RELIEF FROM 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.; 10/12/2013; There has been treatment or conservative therapy.; PAIN; PT OTC MEDICATION

Ms. Carter is a 24-year-old Caucasian female who presents today after having experienced a dislocation of her patella. She was seen in the ER and they recommended a brace as well as crutches and they provided her with some pain medication. She describes; 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.

No evidence of fracture or pathology on x-ray, and doctor is looking for a meniscal pathology on the right knee and a ligament on the left knee.; This study is being 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.; Significant swelling in both knees, left knee has tendency to hyperextend, mechanical symptoms in right knee, has peroneal nerve palsy in left leg and instability in left knee, tender to palpitation in right knee, walks with a cane, wears a left AFO.; AFO, cane, NSAIDs.

On going ankle pain for 4 plus months, limited ROM, swelling, she has failed therapy and steroid injections as well as anti inflammatories.; 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. osteoarthritis, left knee pain constant effusion possible derangement; 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.

PAIN IN FOOT THAT STARTED END OF AUGUST . HAS BEEN IN BOOTWALKER , NSAIDS, ICE, HOME EXERCISES. NOTHING HAS HELPED PAIN . STARTED AFTER SHE HAD HER BABY AND STARTED RUNNING AGAIN .; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain. pain in right thigh, and steroid injection, had an ice pack emergency room do to pain, limited range of motion, tenderness, unexplained server pain, medication given still in 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 physician is not a hematologist/ oncologist.

pain in the knee for 10 months Ibuprofen 800 was taken.stairs and squatting makes it worse.; 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.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise. patella instability r/o meniscal tear  internal derangement; 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.

Patient got hit by a car when she was 10 years old and the left leg is longer than the right. Patient has 92 pins in leg.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; There is no symptom of locking, Instability, Swelling, Redness, Limited range of motion or pain.

Patient has a formed body in the knee, mass is 3.5 centimeter. Patient has swelling and arrhythmia and tenderness at the lateral patella, has crepitus, pain in range of motion; 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 not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal

Patient has a suspected 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.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

patient has had knee pain for several weeks, limited range of motion, positive McMurray signs, tenderness, degenerative medial meniscus 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 not directed conservative treatment for the past 6 weeks.

Patient has taken Diclofenac for the pain along with Tylenol daily. Xray's show a very large lateral femoral condyle osteophyte that appears to be protruding inferiorly toward the joint line and laterally with mild joint space narrowing.; 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.

PATIENT PLAYS SPORTS CONSISTENTLY. SINCE THERE IS A MASS THE PHYSICIAN WANTS TO LOOK AT THE THIGH AND HIP, TO HELP DETERMINE WHAT TREATMENT, WHETHER SURGICAL OR NON SURGICAL, TO PURSUE.; This study is being ordered for trauma or injury.; 11/06/2015; There has been treatment or conservative therapy.; POPPING AND BRUISING WHEN HE HAD A HAMSTRING TEAR. ALSO HAS A PALPABLE LUMP AND DEFECT IN THE PROXIMAL THIGH. EXAM OF THE LEFT LEG SHOWS A PALPABLE DEFECT AT THE PROXIMAL HAMSTRING WHEN HE DOES RESISTED KNEE FLEXION. THERE IS A FIRM MASS CONSISTENT WITH A; HE HAS LIMITED ROM AND AT TIMES CANNOT PLAY SPORTS. HAS HAD A PREVIOUS ACL SURGERY IN 2009. HE RUNS, ALSO, AND HAS NOT BEEN ABLE TO DO THAT. HAS TAKEN IBUPROFEN AND USED ICE AND REST.

Patient presents today with left knee pain for the last month. She does not run for a specific history of trauma. She has had no previous symptoms. She complains of pain and mechanical symptoms. Left knee shows no swelling or deformity. She does have a mild; 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.

Possible meniscus tear; 35-year-old male with right knee pain, concern for lateral meniscus tear. I discussed this with the patient. Given his history and clinical exam, I feel that advanced imaging is warranted. I ordered MRI of his right knee to evaluate; 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.

Possible meniscus 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 not directed conservative treatment for the past 6 weeks.

post op surgery in August.; 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.

posterolateral tenderness at the tibia/fibula joint. Pain present for about 1 month, before that she had occasional knee pain, but not anything severe. She did not have an injury or accident that caused this to flare up. X-ray showed moderated tricompartment; 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.

pre-operative planning; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2014; There has been treatment or conservative therapy.; r/o tears; injections and medications

Pt had an accident on his moped and dislocated the pattella; 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.

pt has 3 previous mri request. but he has NOT had an mri. he has been sent to our ortho and he has requested this study.; 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.

pt has aching and sharp pain in the right knee, no definite 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.

pt has an effusion. positive patella grind test. positive lateral mcmurrays test. positive lateral joint line tenderness. has been thru physical therapy and taking Celebrex. not any better; 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.

Pt has marked tenderness along the medial joint line and lateral joint line tenderness. Since pt has not responded to conservative measures there could be a meniscus tear medially or/and laterally; 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.

Pt is a 64 years old Female with RIGHT knee pain for several years. The pain began after no specific injury. The pain is described as sharp, achy pain intermittently at 7 out of 10 in severity. The pain is worse with standing and walking and better with; 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 study is 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

Quality: aching; gnawing; stabbing; throbbing; constant  Severity: moderate  Duration: 3 years; continuous since onset  Timing: gradual  Context: cannot identify; overuse  Alleviating Factors: nothing helps  Aggravating Factors: lifting; carrying; 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.; HER KNEES HAVE BEEN HURTING HER FOR YEARS NOT SPECIFIC DATE! General Radiographic Findings: subchondral cysts medial femoral condyle, subchondral cysts medial tibial plateau, and osteophytes lateral tibial plateau.; There has been treatment or conservative therapy.; pain on initiation of movement and at extreme limited range and crepitus, weakness, joint line tenderness; PHYSICAL THERAPY DIDNT HELP AND REST ICE NSAID DO NOT HELP

questioning bil knee meniscus tears; This study is being ordered for trauma or injury.; 4 years ago twisted her knees; There has been treatment or conservative therapy.; knee pain, swelling, pain with ROM and running and up and down movement; Therapy , injection and anti inflamm medication

right knee subluxation/dislocation 4 times, swelling, pain 7/10. Buckling and a fall 1 week ago. + McMurrays; 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.

Rule out medial meniscal tear and/or lateral meniscal tear versus other internal derangement for surgical indication.; 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.

She states she has been having chronic pain for 2 years. She reports instability about the knee at random times, but mostly at night. She states that her "knee shifts" when she is changing positions. At this time she reports intense 8/10 pain when climbing stairs; 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.

She states that she is still having quite a bit of knee pain. She states that physical therapy has helped some, but she still has a lot of anterior knee pain. She has had pain for several years. She finds that her kneecap popped out of place. The brace; 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

Significant prominence tibial tubercle is noted. X-rays of the right knee show the Osgood-Schlatter problem. There appears to be a free bony ossicle posterior to the tubercle. Osgood Schlatter disease right knee. We need to obtain an MRI scan of the right 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 directed conservative treatment 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; The patient received medication other than joint injections(s) or oral analgesics.

Simple walking three to four days ago, developed sudden medial pain in his left knee with a popping sensation. He has been limping and unable to straighten his knee fully since then. Left knee has trace effusion. It is quite tender along the medial and; 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.

tender of joint, Lisfranc fracture, highly suspicious; 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.

The knees are examined in detail. She does have some mild retropatellar crepitus. A midline tracking patella is noted. There is a strong positive medial McMurray's of the bilateral knees and a positive medial Apley's of the bilateral knees. She has a ; This study is being ordered for trauma or injury.; APPROX 08/2015; There has been treatment or conservative therapy.; She describes it as a tearing type sensation and a sharp pain in the medial side of both of her knees. She describes a popping and clicking and sometimes giving way. This has been going on for over two months. She takes some meloxicam and this has not ; HAS BEEN ON MELOXICAM

The problem is the result of a previous surgery. Onset date: 2007. Left knee arthroscopy in 2007 in Texas.; 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.

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.

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.

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.

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.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.

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.

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.

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 not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

This is a request for 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.

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 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 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.

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

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.

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.

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; Instability

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.; KNEE IS SWOLLEN, PUNCTURE WOUND FROM CHICKEN,; Known or Suspected Joint Infection
This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Instability

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Limited range of motion

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

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.

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

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

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

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

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.; "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

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days

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

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

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

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; It is not known if the member experience a painful popping, snapping, or giving away of the knee.

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

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

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

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.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy

This is a request for a Knee MRI.; The study is not requested for knee pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.

This is a request for a Knee MRI.; The study is not requested for knee pain.; 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.

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?

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.

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?

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 received joint injection(s).

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
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

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
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

This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion

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; Swelling greater than 3 days

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

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

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."

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).

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a request for 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.

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.

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.

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.

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.

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.

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 being ordered by the operating surgeon for pre-operative planning.

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.

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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 been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.

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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.

Treatment Plan:   Patient is unable to take oral NSAIDs secondary to gastric upset. SHe has seen no improvement with other conservative treatments including rest, HEP, and massage. Patient would be a candidate for arthroscopic surgery depending on the MR; 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. Tried steroid injections with no relief. stiffness on right knee and knee feels instable intermittl. knee pain worse with weightbearing and started gradually. worsens wth extended activity and is increased by stairs.; 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.

unknown; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.

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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.

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.

unknown; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

unknown; This study is 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 2, 2013; There has been treatment or conservative therapy.; Chronic knee pain; physical therapy and anti inflammatory meds

; 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.

pain in right thigh, and steroid injection, had an ice pack emergency room do to pain, limited range of motion, tenderness, unexplained server pain, medication given still in 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 physician is not a hematologist/ oncologist.

PATIENT HAS SEVERAL PROBLEMS,INCLUDING HIP AND KNEE PAIN.HIS KNEE PAIN CAUSES HIS DISCOMFORT WHEN HE WORKS, WHICH IS A JOB OF KNEELING ON FLOORS. THE HIP PAIN IS WORSE WITH ROTATION. THE PHYSICIAN WOULD LIKE TO RULE OUT A LABRAL TEAR AND A POSSIBLE MENISC; This study is 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 15,2015; There has been treatment or conservative therapy.; PAIN WHEN KNEELING, WHICH IS WHAT HE DOES IN HIS PRIMARY JOB, HE FEELS A CATCH IN THE KNEE WHERE THE KNEES FEELS HUNG UP. HE ALSO FEELS A POP WHICH HAS BEEN GOING ON FOR SEVERAL MONTHS.HIS HIP PAIN IS WORSE WITH ROTATION, AND HE HAS PAIN WITH ADDUCTION AND; HE TAKES MOBIC,HE KNEELS A LOT DOING FLOORS FOR A LIVING, AND HE HAS HAD TO DEAL WITH THAT. THE PHYSICIAN THINKS THE MECHANICAL SYMPTOMS HE DESCRIBES COULD BE MENISCAL IN ORIGIN.

This is a request for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

This is a request for a hip MRI.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.

This is a request for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is 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.

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.

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 used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.

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.

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).

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.

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.

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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.

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.

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.

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.

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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 for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; The patient 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.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.

unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2015; It is not known if there has been any treatment or conservative therapy.; In April he developed a problem of severe pain & high fever, an accurate anatomic diagnosis was never made. He has bilateral posterior and lateral hip pain. want to rule out microtrabecular fractures in his femoral heads. X-rays show he does have avascular

x-rays showed avascular necrosis of the hips; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about a year ago; There has not been any treatment or conservative therapy.; bilateral hip pain

MRI OF THE YEAR SHOWS SMALL EFFUSIONS, GREATER ON THE RIGHT THAN ON THE LEFT. THERE IS MARROW EDEMA IN THE NECK OF THE RIGHT FEMUR AND MILD SUBPERIOSTEAL ELEVATION OR THICKENING SUGGESTED WITH SUBPERIOSTEAL FLUID SUGGESTED OF THE RIGHT FEMUR. MILD BOWING; This study is being ordered for Inflammatory/ Infectious Disease.; 11.15.15 PLAYING BASEBALL; There has been treatment or conservative therapy.; PAIN WHEN PLAYING BASEBALL AND FOOTBALL, PATIENT SAYING ABOUT THE ONLY THING THAT MAKES IT FEEL BETTER IS NO MOVEMENT.; CHANGE IN DAILY ACTIVITIES SUCH AS NOT BEING ABLE TO PLAY SPORTS AS MUCH, ALSO TAKING CELEBREX

PREOPERATIVE WORK FOR SPINE 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.; 6/9/2015; There has been treatment or conservative therapy.; Scoliosis; Physical therapy and medications

pt is having severe headaches and falling; 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."; The study is requested for headache.

Chronic Pain, Cervicalgia.; "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

Her complaint is pain in the base of her neck, into the periscapular region, with pain down the left arm, across the triceps, and into her hand. She relates it involves all of her fingers equally. Her main pain is at the neck in the trapezial region, but; "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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

pt c/o neck pain with pain down right arm. R/o impingement vs. herniated disk; "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

Radiology Services Denied Not Medically Necessary

Patient has chronic migraine headaches with cervical pain and pain that radiates down to right hand and all fingers. Has had MRI of cervical and thoracic spine.; This 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).

Radiology Services Denied Not Medically Necessary

pt is having vision changes and memory loss; This request is for 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).

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

PATIENT IS IN SEVERE PAIN, BOTH IN HIS CHEST AND SHOULDER. THE PECTORAL MUSCLES ARE WEAK AND BRUISED. DR. WOLFE WOULD LIKE TO GET AN MRI SO HE CAN SEE IF PATIENT NEEDS SURGERY; This study is being ordered for a congenital abnormality.; The patient is 18 years or older.; This is a request for a chest MRI.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; radicular pain into the left arm, with muscle wasting and weakness in that arm; he has tried medications and PT, he has also had surgical intervention on the cervical spine

Radiology Services Denied Not Medically Necessary

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder 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.

Radiology Services Denied Not Medically Necessary

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is no known condition of tumor, infection, or neurological deficits. ; This study is 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.; ;

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.

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

to evaluate why the pt is still having pain; This study is being ordered for trauma or injury.; july 2015; There has been treatment or conservative therapy.; continued back pain after surgery in july 2015; medications, surgery, pt, home exercises

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.; pain when moving right arm, numbness and tingling that goes down to fingers on right side, upper extremity weakness, has scapula popping and pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2014; There has been treatment or conservative therapy.; low back pain with leg pain numbness and tingling.; physical therapy 3 months-lumbar fusion done-medication

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.; 06-15-2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; THERAPY PT

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.; reverse spurling sign positiveincrease weakness in left hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

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.

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.; ROM but is painful with extremes.She has decreased sensation to light touch in the ulnar nerve distribution.

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.; right arm weakness and radiating pain. xray show foraminal stenosis with loss cervical lordosis; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; parasthesis Both Extrimities, Stiffness in Neck,Popping and pain, for Knee Effussion, pain, and Medial Joint line tenderness.; Mobic

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; radicular pain into the left arm, with muscle wasting and weakness in that arm; he has tried medications anf PT, he has also had surgical intervention on the cervical spine

Radiology Services Denied Not Medically Necessary

Abnormal reflex in upper and 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.; unknown; There has been treatment or conservative therapy.; Low BP that radiates into lower extremity and bi lateral hip, neck pain that radiates across the shoulders.; PT, MEDS

Radiology Services Denied Not Medically Necessary

chronic neck pain. xrays show moderately advanced diffuse degenerative change in the cervical spine. no acute fractures or lesions. wanting mri to determine if surgical intervention is necessary.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

eval for nerve root impingement; This study is being ordered for a neurological disorder.; neck pain and stiffness x 2 yrs; There has been treatment or conservative therapy.; neck pain w bilat hand numbness; ns aids and steroids

Radiology Services Denied Not Medically Necessary

Mr. Graves is a 62-year-old referred by Chrystal Johnson for left shoulder pain and neck stiffness. This has been present for several years now, but it is getting worse. He has had x-rays, but no treatment and no advanced imaging for this. Radicular sign; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

Radiology Services Denied Not Medically Necessary

neck and shoulder pain. positive impingement, pain with abduction and rotation.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.

Radiology Services Denied Not Medically Necessary

neck pain w bilat arm pain and numbness; lbp w bilat leg pain and numbness; This study is being ordered for a neurological disorder.; several months; There has been treatment or conservative therapy.; neck pain w bilat arm pain and numbness; lbp w bilat leg pain and numbness; ns aids and activity modification

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.; 2/12/2014; There has been treatment or conservative therapy.; Shoulder: r/o RCT, numbness, radiating pain, weakness, pos impingement, xray neg; Cervical: pain radiating, evaluate for DJD and radiculopathy, xray neg; Nsaids, PT,

Radiology Services Denied Not Medically Necessary

NSAIDS/ numbness/no improvements after medication and therapy; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

pain is listed as 8/10; pain with flexion; numbness and tingling in entire right hand; diminished cervical range of motion; spurling to right; xray reveal - grade 1 inertial listhesis at C3 and C4 C7 and C1; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness with grip; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

Patient has new onset of cervical spine neurological deficits that need to be evaluated.; This is a request for 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 developed a pain in the left side of her neck, after receiving her first epidural steroid injection, when she turns her head. Numbness of both legs intermittently and of the hands and distal feet. Neck pain in trapezius. Tenderness of the post

Radiology Services Denied Not Medically Necessary

Patient's x-ray showed loss of cervical four doses, right arm pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

ruling out nerve root compression syndrome; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; marked stiffness in the cervical spine. she has marked pain and limited motion in the neck. X-rays show reversal of normal lordotic curve and disc space narrowing at multiple levels.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

Shoulder has full range of motion. She has tenderness in the paracervical region and tenderness in the periscapular region and into the trapezial muscle. Motor, sensory, reflex, and vascular exams are intact, but she complains of pain across the triceps; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the neck and going down the arms.; Pain in the base of her neck, into the periscapular region, with pain down the left arm, across the triceps, and into her hand. She relates it involves all of her fingers equally. Her main pain is at the ne; 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.

Radiology Services Denied Not Medically Necessary

The MRI's are medically necessary to treat the pt. He has failed over 6 weeks of conservative care and continues have pain.; This study is being ordered for trauma or injury.; initially started in 2003; There has been treatment or conservative therapy.; persistant radicular pain, paresthesia, muscle weakness, pain in the bilateral neck, right shoulder and right arm; Conservative care to include nonsteriodal anti-inflammatory medication, spinal exercises, and joint injections. patient has failed over 6 weeks of conservative care.

Radiology Services Denied Not Medically Necessary

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

Radiology Services Denied Not Medically Necessary

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

Radiology Services Denied Not Medically Necessary

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

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.

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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; Cervical Spine Examination Brief Exam; Skin: There are no abrasions, contusions, or erythema. ; Gait: ; Inspection: Normal alignment. ; Palpation: No tenderness at the midline. ; Range of Motion: Normal range of motion. ; Strength: Normal motor strength t; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; pt is undergoing pt now for her upper back and neck pain

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 c/o neck pain, x-rays done show status post C5-C6 fusion with osteophytes anterior to C6-C7 and C4-C5

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.;

Radiology Services Denied Not Medically Necessary

unknown.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is having weakness in left arm and hand and reflexes are absent in the left upper extremity, tender at ulnar nerve and pain is rated as 8 out of 10 and x rays showed degenerative disease and the c5 and c6 and c7.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

x rays of the c spine showed narrowing of c4-c6 disk narrowing and arthrosis with canal narrowing. x-rays of the right shoulder were negative. persistent pain and swelling not responding to conservative therapy and persistent pain with radiculopathy.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; neck flexion decreased.; The patient 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 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approx 10 months; There has been treatment or conservative therapy.; : This is a pleasant 30-year-old female who has had back pain for almost 10 months now. She said she had no real injury, but she has had pain. Sometimes it is in her back and sometimes it radiates out to her arms and down into her buttock and all the w; home therapy, ibuprofen, steroid cream

Radiology Services Denied Not Medically Necessary

Abnormal reflex in upper and 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.; unknown; There has been treatment or conservative therapy.; Low BP that radiates into lower extremity and bi lateral hip, neck pain that radiates across the shoulders.; PT, MEDS

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.

Radiology Services Denied Not Medically Necessary

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.;

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.; 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.

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.

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.

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.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; stretches hot packs twice a day for a month

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2014; There has been treatment or conservative therapy.; low back pain with leg pain numbness and tingling.; physical therapy 3 months-lumbar fusion done-medication

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 not directed conservative treatment for the past 6 weeks.

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.

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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg numbness 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.

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 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.

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.; There is not x-ray evidence of a recent lumbar fracture.; the pt continues to have radicular pain and has failed conservative therapies

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approx 10 months; There has been treatment or conservative therapy.; : This is a pleasant 30-year-old female who has had back pain for almost 10 months now. She said she had no real injury, but she has had pain. Sometimes it is in her back and sometimes it radiates out to her arms and down into her buttock and all the w; home therapy, ibuprofen, steroid cream

Radiology Services Denied Not Medically Necessary

Back pain with radiation down legs; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more than once for these symptoms.

Radiology Services Denied Not Medically Necessary

Dr. is wanting to evaluate for lumber HNP. due to patients symptoms.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

Dr. Stewart feel the pain is from her back down thru he leg and ankle/foot. Patient said she feels like her heal is falling off side of her shoe.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown If No Info GivenUNKNOWN.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

History: The comprehensive history taken on 10/19/2015 was reviewed and is unchanged. This is a 52-year-old male who presents with low back pain. He was referred by Candace Welcher APN with Dr. Yates. He has chronic pain. Onset 10/12 after a mo; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; gabapentin 300 mg, I instructed the patient to take 1 q.h.s. x 2-4 days then gradually increase to 3 q.h.s. as tolerated #90. Naproxin.

Radiology Services Denied Not Medically Necessary

Imaging: Lumbar radiographs demonstrate a slight degenerative levoscoliosis of the lumbar spine centered at the L3-4 disk. The patient has retrolisthesis of L3 on L4, retrolisthesis of L4 on L5, and anterolisthesis (grade 1) of L5 on S1. None of these are; 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.

Radiology Services Denied Not Medically Necessary

low back pain with numbness and tingling of the right leg and complete weeks of PT and medication; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Lumbar pain with paresthesias.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Mr Schichtl had an injury many years ago. He does have some signs of sciatica and some ischial and trochanteric bursitis. He does have distinct weakness in the a.m. Dr.. I am not sure whether he had abduct sure tendon rupture of some sort. I have discusse; This study is being ordered for trauma or injury.; 25 years ago; There has not been any treatment or conservative therapy.; limp, some pain over the side of his hip region lateral. pain in his ischium. pain that goes down his leg all the way to his foot. some numbness down leg. recently pain preventing him from walking as much. dull aching type pain

Radiology Services Denied Not Medically Necessary

neck pain w bilat arm pain and numbness lbp w bilat leg pain and numbness; This study is being ordered for a neurological disorder.; several months; There has been treatment or conservative therapy.; neck pain w bilat arm pain and numbness lbp w bilat leg pain and numbness; nsaid and activity modification

Radiology Services Denied Not Medically Necessary

Neurological Sensory Testing: Decreased right S1 and bilateral L5  Sitting straight leg raising Positive on the right    X-ray: AP and lateral x-rays lumbar spine was brought down shows mild osteophytes of a lumbar segments except a one has joint s; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is experiencing weakness and numbness in the limbs.The pain radiates down both of her legs with 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.

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.

Radiology Services Denied Not Medically Necessary

Pain is radiating from back to the lower extremities globally and bilaterally. Activity increases 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 than once for these symptoms.

Radiology Services Denied Not Medically Necessary

pain is severe and rather constant periods worse with activity. She works in daycare with 3-year-old but she says she cannot really do that right now because her pain is so bad.; 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.

Radiology Services Denied Not Medically Necessary

PATIENT BEGAN HAVING PAIN APPROXIMATELY 3-4 WEEKS AGO. IT IS OF INSIDIOUS ONSET, NO TRAUMA. SHE WALKS WITH A LIMP, WALKING AND LYING ON LEFT SIDE MAKES PAIN WORSE, AND ELEVATING LEG MAKES IT BETTER SOMETIMES. SHE TAKES TRAMADOL,NAPRXEN AND ASPRIN FOR PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.

Radiology Services Denied Not Medically Necessary

PATIENT HAS BEEN HAVING PAIN IN BOTH BUTTOCK AREAS ON THE RIGHT. IT EXTENDS DOWN PAST HER KNEES AND SOMETIMES IT IS SEVERE. VERY TENDER OVER THE SCIATIC NERVE, LEFT MORE THAN RIGHT, ALTHOUGH SHE SAYS THE RIGHT WILL EXTEND DOWN HER FOOT AND ANKLE AND SOM; 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.

Radiology Services Denied Not Medically Necessary

Patient is having persistent low back pain d/t injury 4-5 months ago. Pain radiates down left leg with weakness and difficulty with ambulation. Treated with NSAIDs and at home exercise program per Family Physician.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Patient with chronic low back pain and right lower extremity symptoms. An EMG shows possible nerve root irritation nerve root right side as well as peripheral neuropathy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

Patient with low back pain but pain radiates down the left lower extremity which she describes as shooting in nature going to the left heel; 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.

Radiology Services Denied Not Medically Necessary

POSSIBLE LUMBAR STENOSIS; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEEKNESS AND NUMBNESS AND TINGLING DOWN BOTH LOWER EXTREMITIES. HE CANNOT WALK FOR EXTENDED PERIODS BECAUSE OF IT. IT IS AFFECTING HIS DAILY LIVING ACTIVITIES.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

pt has been sent to PT since the last office visit.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pt has one injections in the past that have helped her pain, the last one was in 2014; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pt is having pain after surgery; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pt is having radicular like pain in her hip and right leg. She has taken anti infamatories and they help some.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pt is with low back pain that is continual; 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.

Radiology Services Denied Not Medically Necessary

pt with continuing low back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.

Radiology Services Denied Not Medically Necessary

Standing Ap and lateral lumbar films taken today show a lytic spondylolisthesis at L5-S1.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

symptoms getting worse despite 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.; Several years; There has been treatment or conservative therapy.; neck pain with arm pain, severe back pain and radiating right leg pain; Physical therapy, chiropractic treatment, pain medication, muscle relaxers, anti-inflammatories

Radiology Services Denied Not Medically Necessary

The pain is in the back of the knee and patient has been taken Hydrocodone for 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

Radiology Services Denied Not Medically Necessary

the pt has completed her PT; 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.

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?

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

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

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)

Radiology Services Denied Not Medically Necessary

There is marked narrowing and a Knutson's phenomena L5 on S1 with some mild retrolisthesis of L5 on S1. There is also narrowing at L1-L2 interspace with osteophyte formation at this level.; 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.

Radiology Services Denied Not Medically Necessary

This is an initial patient visit for back pain and right leg radiculopathy. Patient has dealt with this for years. She had injections numerous times. She has not had a recent MRI. She says this has been denied. She has had physical therapy approximat; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Straight Leg Raise is 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.

Radiology Services Denied Not Medically Necessary

This pleasant 27-year-old male has had back pain for the past 5 years. He is doing well. He has had shots and an MRI in the past, but not for the past 3 years. He said he was doing well up until about a month ago until he lifted up a lawnmower. He sai; 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.

Radiology Services Denied Not Medically Necessary

to evaluate the reason for the pts pain in the lower back; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

track and field athlete with chronic low back pain since 11/4/15. pt has failed NSAIDS, supervised PT, chiropractic (including traction and E-stem), rest, activity modification. symptoms not improving with treatment and time. MRI to evaluate for herniated; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 10/8/2015; It is not known if there has been any treatment or conservative therapy.; Severe pain radiating into right arm & back pain radiating into right leg

Radiology Services Denied Not Medically Necessary

; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

eval for nerve root impingement; This study is being ordered for a neurological disorder.; neck pain and stiffness x 2 yrs; There has been treatment or conservative therapy.; neck pain w bilat hand numbness; nsaid and steroids

Radiology Services Denied Not Medically Necessary

Lower back pain. Wants Lumbosacral spine evaluated.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

PHYSICIAN WANTS TO RULE OUT A HAMSTRING TEAR, AVULSION FROM PELVIS. THERE IS ALSO A FIRM MASS WITH FLEXION ON BACK OF LT THIGH.; This study is being ordered for trauma or injury.; 11.06.15; There has been treatment or conservative therapy.; PAIN, LIMITED ROM, FIRM MASS WITH FLEXION ON BACK OF LT THIGH,; ICE,LIMITED RANGE OF MOTION, UNABLE TO PLAY FOOTBALL TAKES IBUPROFEN

Radiology Services Denied Not Medically Necessary

The pain is worse with exercise and running and better with rest. She points to the iliac wing is the area that is most painful. She does have tenderness to palpation over her iliac wing. There is also mild tenderness to palpation over the trochanteric ; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has not been any treatment or conservative therapy.; blockage

Radiology Services Denied Not Medically Necessary

looking for digital extensor tendencies. Mild tender and palpitations.; This study is being ordered for a neurological disorder.; 8/17/15; There has been treatment or conservative therapy.; pain, swelling in both hands, inflammatory medications was given. Pt was in splint. Right hand is worse. Fevers, chills and night sweats; hand therapy

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.; It is not known what type of medication the patient received.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 30 years ago; There has been treatment or conservative therapy.; pain with lift and reaching cant hold arms for a long period of time; injections

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.; 06-15-2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; THERAPY PT

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.; 10/2015; There has been treatment or conservative therapy.; Weakness, pain, swelling. Warm to touch.; Occupational therapy.

Radiology Services Denied Not Medically Necessary

; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Radiology Services Denied Not Medically Necessary

Eval for scaphoid 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.

Radiology Services Denied Not Medically Necessary

had a fall on 09/26/2014 hitting shoulder on the ground direct impact injury; 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.

Radiology Services Denied Not Medically Necessary

HISTORY OF PRESENT ILLNESS: Patient presents today with a new problem to her left shoulder. She was going up the stairs one week ago and sustained a fall. She reached out to grab the railing her left shoulder and felt a tearing sensation. She has had sign; 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.

Radiology Services Denied Not Medically Necessary

Patient fell September 4th, complaining of tingling, popping and clicking, join pain, tenderness at the sterno-clavicular joint and the greater tuberosity, also tenderness of the glenohumeral joint region, limited range of motion, both passive and active.; 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.

Radiology Services Denied Not Medically Necessary

patient has ac tenderness,subacromial tenderness,and bicep tenderness. Patient also has pain with dls . patient is also having pain with forward and external rotation and elevation. patient also has night time pain .; 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.

Radiology Services Denied Not Medically Necessary

the pain has worsen over time.; This study is being ordered for trauma or injury.; 1982 patient feel down stairwell and in 2011 patient broke right arm. she is a Hair stylist which make the pain worse. Patient has tingling and numbness in fingers.; There has been treatment or conservative therapy.; sharp burning constant pain.; Patient has been taking Advil and Tylenol for the pain.

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.

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 experiencing joint locking or instability.

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 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.

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 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.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 10/8/2015; It is not known if there has been any treatment or conservative therapy.; Severe pain radiating into right arm & back pain radiating into right leg

Radiology Services Denied Not Medically Necessary

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 weeks ago; There has been treatment or conservative therapy.; right knee and left heel pain tenderness and swelling rt knee pain; Nsaids and knee brace

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.; 1 year; There has been treatment or conservative therapy.; pain; mechanical symptoms; joint tenderness; medial joint line pain bi-lateral; physical therapy; previous surgery

Radiology Services Denied Not Medically Necessary

; 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 not scheduled in the next 4 weeks.; The member has a recent injury.

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; 11/1/2015; There has been treatment or conservative therapy.; Severe pain when walking, running, or working out.; Ibuprofen, ice, rest

Radiology Services Denied Not Medically Necessary

ankle sprains, swelling, can not put weight on the ankle; 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.
Dr. Gary Nunn kindly referred this 59-year-old, Fordyce native who does long care at the last couple of weeks of catching and locking in his left knee with medial pain.  Patient is trim. Gait is antalgic to left, quite tender. Left knee along the medial; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

knee pain from injury 10.20.15, r/o meniscal 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.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Radiology Services Denied Not Medically Necessary

No evidence of fracture or pathology on x-ray, and doctor is looking for a meniscal pathology on the right knee and a ligament on the left knee.; This study is being 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.; Significant swelling in both knees, left knee has tendency to hyperextend, mechanical symptoms in right knee, has peroneal nerve palsy in left leg and instability in left knee, tender to palpitation in right knee, walks with a cane, wears a left AFO.; AFO, cane, NSAIDs.

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 described as chronic; The physician has not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

pain in ankle and knee; This study is being ordered for trauma or injury.; 10/2014; There has been treatment or conservative therapy.; ankle joint tenderness and stiffness have trouble bending ankle. pain in the knee sharp and shooting.; he had ankle fracture and was in a boot and had therapy for ankle and knee.

Radiology Services Denied Not Medically Necessary

pain in right thigh, and steroid injection, had an ice pack emergency room do to pain, limited range of motion, tenderness, unexplained server pain, medication given still in 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 physician is not a hematologist/ oncologist.

PATIENT HAS MANY THINGS GOING ON. POSSIBLY HAS A CAM IMPINGEMENT IN HIS HIP AND PROBABLY LABRAL TEAR. DEFINITELY HAS CHRONIC PREPATELLAR BUTSITIS ON THE LEFT FROM HIS KNEELING ON HARD FLOORS, BUT THE MECHANICAL SYMPTOMS THAT HE DESCRIBED COULD POSSIBLY BE; This study is being ordered for a neurological disorder.; AROUND SEPTEMBER 2015, HE BEGAN HAVING SEVERE HIP AND KNEE PAIN. XR DO REVEAL SOME ABNORMALITIES INCLUDING A CAM SHAPED FEMORAL HEAD ON THE LEFT WITH A SMALL CYST AT THE RIM OF THE ACETABULUM THAT IS LIKELY CONSISTENT WITH INTERNAL IMPINGEMENT OF THE HIP; There has been treatment or conservative therapy.; LEFT HIP PAIN WHEN HE SITS INDIAN STYLE. OCCASIONAL NUMBNESS IN THE LEFT FOOT. HE DOES HAVE PAIN IN THE LEFT HIP WHEN HE SQUATS, AND HE HAS TO STAND ON CONCRETE A LOT. PATIENT DESCRIBES A 'CATCH' IN THE KNEE AND THAT THE KNEE FEELS 'HUNG UP'. HIP PAIN IS W; PATIENT HAS HAD CHANGE IN ACTIVITY, AS SITTING AND KNEELING ON FLOORS CAUSES HIM PAIN. TRIED CELEBREX WITHOUT SUCCESS. CURRENTLY IS ON MOBIC AND HAS TRIED ULTRAM. THE PHYSICIAN WANTS AN MRI ARTHROGRAM TO SEE IF HE HAS A LABRAL TEAR AND AN MRI OF THE LEFT

Radiology Services Denied Not Medically Necessary

PATIENT HAS SEVERAL PROBLEMS, INCLUDING HIP AND KNEE PAIN. HIS KNEE PAIN CAUSES HIS DISCOMFORT WHEN HE WORKS, WHICH IS A JOB OF KNEELING ON FLOORS. THE HIP PAIN IS WORSE WITH ROTATION. THE PHYSICIAN WOULD LIKE TO RULE OUT A LABRAL TEAR AND A POSSIBLE MENISC; This study is 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 15, 2015; There has been treatment or conservative therapy.; PAIN WHEN KNEELING, WHICH IS WHAT HE DOES IN HIS PRIMARY JOB, HE FEELS A CATCH IN THE KNEE WHERE THE KNEES FEELS HUNG UP. HE ALSO FEELS A POP WHICH HAS BEEN GOING ON FOR SEVERAL MONTHS. HIS HIP PAIN IS WORSE WITH ROTATION, AND HE HAS PAIN WITH ADDUCTION AN; HE TAKES MOBIC, HE KNEELS A LOT DOING FLOORS FOR A LIVING, AND HE HAS HAD TO DEAL WITH THAT. THE PHYSICIAN THINKS THE MECHANICAL SYMPTOMS HE DESCRIBES COULD BE MENISCAL IN ORIGIN.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

PHYSICIAN WANTS TO RULE OUT A HAMSTRING TEAR, AVULSION FROM PELVIS. THERE IS ALSO A FIRM MASS WITH FLEXION ON BACK OF LT THIGH.; This study is being ordered for trauma or injury.; 11.06.15; There has been treatment or conservative therapy.; PAIN, LIMITED ROM, FIRM MASS WITH FLEXION ON BACK OF LT THIGH;; ICE,LIMITED RANGE OF MOTION, UNABLE TO PLAY FOOTBALL TAKES IBUPROFEN

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r/o meniscus 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.

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Right knee medial compartment osteoarthritis, chronic primary; left knee sprain with internal derangement; left ankle sprain with suspected peroneal tendontendinitis. I placed her in a boot walker for now which will help with her ankle 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.; A year and a half ago; There has been treatment or conservative therapy.; Left ankle does have swelling around the peroneal tendons and pain with resisted eversion. She is tender to palpation over the whole area. Neurovascular intact. No abrasions or bruises noted.X-RAYS: 4 views of both knees shows relatively well maintain; She has been taking Mobic for inflammation and pain

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Severe medial joint line pain with catching, locking and giving away.; 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 not scheduled in the next 4 weeks.; The member has a recent injury.

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The pain began after he was getting firewood noticed pain in his knee. The pain is described as Sharp, intermittent pain that is moderate in severity. The pain is worse with weightbearing and twisting and better with rest and medications. He came to 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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.

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This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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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?

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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.

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This is an initial patient visit for right knee sprain. Patient fell down some stairs on 9/26/15. She was seen in the Stuttgart emergency room and placed in a knee immobilizer. She has never had pain like this to the knee previously. She is taking pai; 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 know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.

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.; Dec 2, 2013; There has been treatment or conservative therapy.; Chronic knee pain; physical therapy and anti inflammatory meds

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Mr Schichtl had an injury many years ago. He does have some signs of sciatica and some ischial and trochanteric bursitis. He does have distinct weakness in the a.m. Dr.. I am not sure whether he had abduct sure tendon rupture of some sort. I have discusse; This study is being ordered for trauma or injury.; 25 years ago; There has not been any treatment or conservative therapy.; limp, some pain over the side of his hip region lateral. pain in his ischium. pain that goes down his leg all the way to his foot. some numbness down leg. recently pain preventing him from walking as much. dull aching type pain

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MRI OF THE YEAR SHOWS SMALL EFFUSIONS,G REATER ON THE RIGHT THAN ON THE LEFT. THERE IS MARROW EDEMA IN THE NECK OF THE RIGHT FEMUR AND MILD SUBPERIOSTEAL ELEVATION OR THICKENING SUGGESTED WITH SUBPERIOSTEAL FLUID SUGGESTED OF THE RIGHT FEMUR.MILD BOWING ; This study is being ordered for Inflammatory/ Infectious Disease.; 11.15.15 PLAYING BASEBALL; There has been treatment or conservative therapy.; PAIN WHEN PLAYING BASEBALL AND FOOTBALL, PATIENT SAYING ABOUT THE ONLY THING THAT MAKES IT FEEL BETTER IS NO MOVEMENT.; CHANGE IN DAILY ACTIVITIES SUCH AS NOT BEING ABLE TO PLAY SPORTS AS MUCH, ALSO TAKING CELEBREX

Radiology Services Denied Not Medically Necessary

pain in right thigh, and steroid injection, had an ice pack emergency room do to pain, limited range of motion, tenderness, unexplained server pain, medication given still in 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 physician is not a hematologist/ oncologist.

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Patient has continued difficulty walking for 4-5 months after injury. Has been treated with NSAIDs and at home exercise program with no relief.; This is a requests for a hip MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.

PATIENT HAS MANY THINGS GOING ON. POSSIBLY HAS A CAM IMPINGEMENT IN HIS HIP AND PROBABLY LABRAL TEAR. DEFINITELY HAS CHRONIC PREPATELLAR BUTSITIS ON THE LEFT FROM HIS KNEELING ON HARD FLOORS, BUT THE MECHANICAL SYMPTOMS THAT HE DESCRIBED COULD POSSIBLY BE; This study is being ordered for a neurological disorder.; AROUND SEPTEMBER 2015, HE BEGAN HAVING SEVERE HIP AND KNEE PAIN. XR DO REVEAL SOME ABNORMALITIES INCLUDING A CAM SHAPED FEMORAL HEAD ON THE LEFT WITH A SMALL CYST AT THE RIM OF THE ACETABULUM THAT IS LIKELY CONSISTENT WITH INTERNAL IMPINGEMENT OF THE HIP; There has been treatment or conservative therapy.; LEFT HIP PAIN WHEN HE SITS INDIAN STYLE. OCCASIONAL NUMBNESS IN THE LEFT FOOT. HE DOES HAVE PAIN IN THE LEFT HIP WHEN HE SQUATS, AND HE HAS TO STAND ON CONCRETE A LOT. PATIENT DESCRIBES A 'CATCH' IN THE KNEE AND THAT THE KNEE FEELS 'HUNG UP'. HIP PAIN IS W; PATIENT HAS HAD CHANGE IN ACTIVITY, AS SITTING AND KNEELING ON FLOORS CAUSES HIM PAIN. TRIED CELEBREX WITHOUT SUCCESS. CURRENTLY IS ON MOBIC AND HAS TRIED ULTRAM. THE PHYSICIAN WANTS AN MRI ARTHROGRAM TO SEE IF HE HAS A LABRAL TEAR AND AN MRI OF THE LEFT

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Pt has metal on metal joints as well dislocation of the left hip. Patient cannot have any quality of movement or just moving 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.; August 2015; There has been treatment or conservative therapy.; Pain in hips radiating down legs. aching and sharp pains exacerbated by bending, lifting, squatting, standing, twisting and pushing. pain is getting worse in both hips; Pt has had several steroid injections in the hips but no permanent relief. Physical therapy did not help and medications temporarily helps but not much

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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.

Radiology Services Denied Not Medically Necessary

patient pain has progressively worsen and tingling in the low back, feel piecing pain in the abdomen and pain to the groing area and has effected urinaition output.; 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.

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; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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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; Marcus is a 44 year old male with history of moderately severe right groin pain who is being evaluated for that and returns after MR arthrogram and lab for further counseling and therapeutic plans.   Previously whole body scan performed on 8-4-15 did no

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 hip pain, groin pain for several mths. eval left hip flexor strain. pt has had ns aids, PT, and conservative treatment w no improvement.

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.

This is a request for a temporomandibular joint MRI.

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."; The study is requested for headache.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

"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"

"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"

< 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.

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; "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.

hard time breathing and swelling; "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.

sever pain, pain worse on the right side, tenderness of jaw, headaches; "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.

unknown; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.
infection in mouth/throat; This study is being ordered for Inflammatory/ Infectious Disease.; about a week ago; There has been treatment or conservative therapy.; can't swallow; abx & she went into

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/1/2015; There has not been any treatment or conservative therapy.; cough, wheezing, chest pain, irregular heartbeat.

Temporal HA , Arm numbness, Pt has HTN and DM; This request is for 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/1/2015; There has not been any treatment or conservative therapy.; cough, wheezing, chest pain, irregular heartbeat. A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

This is a request for cervical 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.

; The study 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.

chronic mechanical lbp; neurogenic claudication with rt L5/S1 radiculopathy; has disc degeneration; positive straight leg raise test; positive slump test; lumbar radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and unsteady gait; falls while walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

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

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
The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

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.

As mentioned before, She is having pain in that knee and is not getting better with PT.; 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.

knee contusion; 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.

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

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

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/1/2015; There has not been any treatment or conservative therapy.; cough, wheezing, chest pain, irregular heartbeat.

post op complication; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.

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.

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

Previous MRI documented, extensive family history of heart disease, relatives death from massive heart attacks on maternal and paternal sides, sub sternal chest pain, from shoulder left and jaw, took nitro and was relieved. Takes baby aspirin, high blood ; The patient is not diabetic.; The patient is less than 45 years old.; 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).

< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

infection in mouth/throat; This study is being ordered for Inflammatory/ Infectious Disease.; about a week ago; There has been treatment or conservative therapy.; can't swallow; abx & she went into

"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.

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< 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.

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jar head pain headache. jaw locking clicking and hurting while chewing; "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.

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jaw pain , headaches , neck pain; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.

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Pt has sleep apnea and is unable to use a CPap machine; this CT is to make sure that he has a healthy jaw to be able to wear an oral sleep appliance every night for the rest of his life.; "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.

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< 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

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Member has had pain for one year and has to lift a lot also has decreased range of motion tenderness and decreased strength.; 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.

Radiology Services Denied Not Medically Necessary

We did an Xray on 11-5-15 which did come back abnrl. It showed nl GH joint space, min OA changes. Subacromian space noted to be narrow. No fx or spuring. Prob rot cuff tear. Limited 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 not directed a home exercise program for at least 6 weeks.; Diclofenac Sodium 75mg take 1 tablet by mouth bid. She has been on this medication since January with no improvement.; The patient received medication other than joint injections(s) or oral analgesics.

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.

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for trauma or injury.; 08/14/15; There has not been any treatment or conservative therapy.; Striking pain in both knees and pos ketones; abd/pel pain; fever; 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 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.

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; labs are pending,

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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; Abdominal distention, right upper quadrant pain, abdominal pain, constipation, previous history of bromine and ammonia exposure, and UTI.

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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

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This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure

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The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

oral mass, highly suspicious for malignancy and need to see if this mass extends beyond physical exam and if there are any other masses.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Physician is trying to rule out a tumor.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

r/o CA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is not suspicion of bone infection, cholesteoma, 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.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is not suspicion of bone infection, cholesteoma, 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"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct";
"There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Oct 10 2015; There has been treatment or conservative therapy.; Chronic sinusitis, ear drainage, ear pain, hearing loss, hears fuzz sound been going on for greater then 2 months. noises in head, headache.; 4 rounds of antibiotics, audiogram left decreased hearing, right- moderate decreased hearing.

This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient had a normal brain CT or MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

"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.

"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"

< 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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)

< 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 (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

< 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)

< 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)

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Oct 10 2015; There has been treatment or conservative therapy.; Chronic sinusitis, ear drainage, ear pain, hearing loss, hears fuzz sound been going on for greater then 2 months. noises in head, headache.; 4 rounds of antibiotics, audiogram left decreased hearing, right- moderate decreased hearing.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.

; 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)

; 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

; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset

; 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)

; 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)

; 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.

48 year old female with history of chronic sinusitis, continuous frontal and facial pressure, night time stuffy nose, excessive purulent PND in the mornings. She has headache with steroid nasal sprays. Swelling and pressure between eyes, ear pain & pressu; 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)

7 months ago the patient had right-sided Bell's palsy. That has almost completely resolved. She is left with facial pain and tenderness. She has a history of migraine and a history of allergic rhinitis and recurrent acute sinusitis. An MRI scan done 2 mon; 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

levaquin for 10 days; 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)

Lifelong hx of sinus infections; on antibiotics twice monthly; 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)

Multiple rounds of ANTI-BIOTICS, STEROIDS, ANTIHISTAMINE, SINUS PAIN AND PRESSURE AS WELL; 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)

nasal congestion; r facial pain incld cheek; 3 wk course of antibiotics; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

nasal polyps; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.

None; 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)

Patient is 27 y/o WF with recurrent chronic rhinosinusitis. She has been treated with several antibiotics Amoxil, Augmentin, Zithromax, Doxycycline, Penicillin shot and steroid dose packs.; Has a history of allergies and she took allergy shots in past.; 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)

Patient right recurrent facial swelling facial pain and pressure..post nasal drip and has been on steroid nasal drip; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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

Physician is trying to rule out a tumor.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

promoted maxillary crest, widening of the septum body bilaterally; 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

PT HAS A DEVIATED SEPTUM AND HAS LOSS HIS SENSE OF SMELL; 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.

pt is experiencing sinus pain and pressure and been taking amoxicillin for 10 days, steroid injections, flonase nasal spray, and Bactrim for 10 days.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

spur on the right, unable to pass the 4 mm scope on either side, middle and inferior turbinates are enlarged; 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)

This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.

This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.

This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.

This study is being ordered for pre-operative evaluation.; This is a request for a Sinus 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)

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)

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

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)

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)

unable to pass 4 mm scope, widening of the septal body.; 25 year old female presents frontal headache, pain and pressure, orbital pain and pressure. Clear drainage all day, more obstruction on the left side. She has a "bad smell" from nose times 4 1/2 mon; 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 unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

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 (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

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)

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Neck mass and lymphadenopathy, neck pain; Couple rounds of antibiotics; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

; 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.

; This study is being ordered for a neurological disorder.; 12-8-2015; There has not been any treatment or conservative therapy.; numbness and tingling of the right arm I neck mass; antibiotics w/some improvment; painful eating and swallowing; 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.

oral mass, highly suspicious for malignancy and need to see if this mass extends beyond physical exam and if there are any other masses.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

POSSIBLE 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 physician is not a hematologist/ oncologist.

r/o CA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

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.

This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.

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.

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.

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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Unknowwn; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done. Yes, this is a request for CT Angiography of the brain. infection of tracheostomy; This study is being ordered for trauma or injury.; NOV 2014; There has been treatment or conservative therapy.; throat hemorrhage reconstruction w/ new bleeding; took meds

"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

"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

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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.

< 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.

< 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 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).

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/1/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication and PT

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

; This request is for 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).

; 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.

doing the mri to r/o tumor had sudden onset of hearing loss in right ear the test came back as nerve and bone lost; 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.

Grace M. Maddox is referred by Dr. Porter. Her reason for this visit is vertigo. Her problem has been present for 1 week. She describes the problem as moderate to severe. She describes the symptoms as feeling off balance. She has had the followi; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Is 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.

has acoustic neuroma on right side / vestibular schwannoma/ mile tinnitus; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.

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.

hearing lost; This request is for 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).

Patient could not have CT, allergic to Dye.; 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.

patient has 3 year history of decrease of smell and want to R/O mass; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.

patient is experiencing hearing loss 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.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Pt has had vertigo since Sept and has changed to worse and constant. Is off balance and hearing has decreased since.; 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.

sudden onset of hearing loss , left ear , ringing in left ear , dizzy , 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.; 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.

The patient is a 43 year old female with multiple otolaryngic problems. She has a history of chronic rhinosinusitis and underwent a somewhat limited FESS in November 2011. Patient feels her polyp has returned on the right. She is not using saline irrigati; This request is for 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). This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.

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.

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 pt has no sense of smell. She cannot smell rubbing alcohol when put under her nose. Dr. Marrero needs to check olfactory nerves/base of brain; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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.

This 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.

This request is for 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.

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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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

This request is for a Brain MRI; The study is NOT 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.

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 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.

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.

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.

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 study is being ordered for a neurological disorder.; 10-15-2015; There has not been any treatment or conservative therapy.; Dizziness, vertigo, headache, neck pain, and ear pain

"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.

"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.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Neck mass and lymphadenopathy, neck pain; Couple rounds of antibiotics; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

POSSIBLE 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 physician is not a hematologist/ oncologist.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

No Info Given; This study is 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 Info Given; It is not known if there has been any treatment or conservative therapy.; No Info Given

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 a neurological disorder.; 1/1/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication and PT

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.

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.

No Info Given; This study is 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 Info Given; It is not known if there has been any treatment or conservative therapy.; No Info Given

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; The past MRI abdomen showed a 1.4 lesion on right lobe of the liver and the radiology report recommended a 3 month follow up to confirm stability and the exclude

This is a request for a 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 a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; 1 PET Scans has already been performed on this patient for this cancer.

This is 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 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 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 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.

dizziness; This study is being ordered for Inflammatory/ Infectious Disease.; 01/2015; There has been treatment or conservative therapy.; facial pain, chronic sinus infection, ringing in left ear, pain in ear;; antibiotics, and nasal spray

Radiology Services Denied Not Medically Necessary

This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

dizziness; This study is being ordered for Inflammatory/ Infectious Disease.; 01/2015; There has been treatment or conservative therapy.; facial pain, chronic sinus infection, ringing in left ear, pain in ear,; antibiotics, and nasal spray

Radiology Services Denied Not Medically Necessary

Patient is 31 y/o WF with deviated nasal septum. She has a history of chronic sinusitis and is treated with antibiotics for years. Patient also has several allergies but had an reaction that required epipen and shots were stopped. She takes Benadryl, Clar; 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)

Radiology Services Denied Not Medically Necessary

Pt has chronic recurrent sinusitis requiring 4+ antibiotics per year for the past several years. She get purulent drainage, facial pain and pressure; 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)

Radiology Services Denied Not Medically Necessary

Sinus Eval The patient is a 36 year old female kindly referred by Dr. Pope. Patient has had lifelong sinus problems that have become recurrent this year. She feels she has had a sinus infection that has not ever resolved. She has bilateral PND, rhinorrhe; 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)

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)

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 05/20/2015; There has been treatment or conservative therapy.; Ear pain; MEDICATIONS

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 05/20/2015; There has been treatment or conservative therapy.; Ear pain; MEDICATIONS

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 12-8-2015; There has not been any treatment or conservative therapy.; numbness and tingling of the right arm
Rule out lower respiratory anomaly or disease verses a mass.; "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.

Radiology Services Denied Not Medically Necessary

infection of tracheostomy; This study is being ordered for trauma or injury.; NOV 2014; There has been treatment or conservative therapy.; throat hemorrhage reconstruction w/ new bleeding; took meds

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for a neurological disorder.; 10-15-2015; There has not been any treatment or conservative therapy.; Dizziness, vertigo, headache, neck pain, and ear pain

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.

Radiology Services Denied Not Medically Necessary

glioblastoma, weakness, headache, nausea and vomiting.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

glioblastoma, weakness, headache, nausea and vomiting.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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; 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.

< 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."; The study is requested for recent head trauma or injury.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; chronic headaches; lab work

been having falling episodes and head injury has a shunt; 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."; The study is requested for recent head trauma or injury.

doctor wants to see if baby soft spot is close prematurely did x ray and came that a CT needs to be done; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Neuro / Psychiatric Aphasia, dizziness, focal weakness, gait disturbance, lightheadedness, loss of consciousness and speech changes. Headache. Neuro Comments: light sensitive and trouble sleeping. pain has been constant now x 6 d, without much help fr; This study is being ordered for a neurological disorder.; 08/12/2015; There has been treatment or conservative therapy.; Reason for Study: Patient has history of Migraines with photophobia and sleep disturbance  1. Headache  Onset: 1 Week. Aggravating factors include bright lights. Pertinent negatives include vomiting. Patient has been having headaches for over ; Medications: 11/06/2015 IMITREX, 11/06/2015 TYLENOL-CODEINE NO.3,MAXALT,

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."; The study is requested for recent head trauma or injury.
This is a request for a brain/head CT.; The study is requested for Hydrocephalus or congenital abnormality.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

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."; The study is requested for headache.

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."; The study is requested for headache.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct";
"There is a history of serious head or skull, trauma or injury.ostct"

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; chronic headaches; lab work

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

FOLLOW UP OF POSSIBLE NEUROFIBROMATOSIS TYPE 1; This study is being ordered for Congenital Anomaly.; 9/23/15; There has not been any treatment or conservative therapy.; 102 FEVER, MULTIPLE CAFE-AU-LAIT SPOTS ON BODY, 3-4 CM AREA OF ERYTHEMA ON HE DISTAL TIBIA

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

< 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).

< 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).

< 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 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.

< 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 physician is not a hematologist/ oncologist.

.....; This study is 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.; tingling and numbness ...back and r leg r arm

follow up every 3 months,; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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.

FOLLOW UP OF POSSIBLE NEUROFIBROMATOSIS TYPE 1; This study is being ordered for Congenital Anomaly.; 9/23/15; There has not been any treatment or conservative therapy.; 102 FEVER, MULTIPLE CAFE-AU-LAIT SPOTS ON BODY, 3-4 CM AREA OF ERYTHEMA ON HE DISTAL TIBIA

headaches and vomiting patient had concussion last year; This request is for 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).

Headaches, and pain in back of head 3 months.; 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.

memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

night awakenings, daily ha; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Patient is suffering from severe headache and experiences bilateral arm pain associated with headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

Pt has vomiting, headaches last 8 hrs, one side, and increasing severity and numbness.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous 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 a family history (parent, sibling or child of the patient) of AVM (arteriovenous 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 recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for 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.

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.

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

This request is for a Brain MRI; The study is NOT 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.

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.

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.

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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

Unknown; This study is being ordered for a work-up of a suspicious mass.; Unknown if there is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.

; This study is being ordered for trauma or injury.; 10/12/15; There has been treatment or conservative therapy.; Pain that goes to the left home. Pain that goes from the arm to the right leg.; Pain medications, muscle relaxers, and home exercise.

; This study is being ordered for trauma or injury.; 10/12/15; There has been treatment or conservative therapy.; Pain that goes to the left home. Pain that goes from the arm to the right leg.; Pain medications, muscle relaxers, and home exercise.

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.

.....; This study is 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.; tingling and numbness ...back and r leg r arm

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >;

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.; MEMBER WITH CHRONIC MID BACK PAIN FOR THE PAST 5 YEARS, SHE NOTES A KNOT IN HER MIDLINE MIDBACK

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >; 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

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 Patient had CT abdomen and CT Pelvis was recommended; 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.

MRE TO EVALUATE SMALL BOWEL; This study is being ordered for Inflammatory/ Infectious Disease.; 8/17/2010; There has been treatment or conservative therapy.; SEVERE ABDOMINAL PAIN, LOWER QUADRANT BOTH IN THE RIGHT SIDE AND LEFT SIDE, ALSO HAS THE URGE TO STOOL, BUT HAS DIFFICULTY STOOLING,; PREDNISONE, METRONIDAZOLE, RANITIDINE, MERCAPTOPYRINE

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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.

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.

The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The patient has not had a recent bone scan.; The patient has not had a recent ultrasound of the shoulder.; The plain films were normal.; There are no documented physical or laboratory findings of a joint infection.; PATIENTS PAIN HAS BEEN GOING ON FOR OVER A YEAR. IT IS GETTING UNBEARABLE.; The patient has not had a recent CT of the shoulder.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/2015; There has not been any treatment or conservative therapy.; Patient is experiencing pain in left leg and not able to walk, knee inflexion leads to crying.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/08/2014; There has not been any treatment or conservative therapy.; none

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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

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

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.

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.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

TO LOOK FOR EROSION AND INFLAMMATORY DISEASE PROCESS, PRIOR TO THE CHANGE IN THE BIOLOGICAL MEDICATIONS.; This study is being ordered for Inflammatory/ Infectious Disease.; 03/12/2015; There has been treatment or conservative therapy.; WORSENING STIFFNESS, LIMITATION IN HIPS AND LOW BACK, PAIN.; EMBREL, ANTIBIOTICS,

bypass; 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
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.

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.

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.

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; 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.

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.

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>

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; N&V and upper gastric which shows obstruction and pain. This is a new MD. The other MD showed loss of 4 pounds in the last month. Scope showed delayed gastric emptying.

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

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 R/O metastases
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

MRE TO EVALUATE SMALL BOWEL; This study is being ordered for Inflammatory/ Infectious Disease.; 8/17/2010; There has been treatment or conservative therapy.; SEVERE ABDOMINAL PAIN, LOWER QUADRANT BOTH IN THE RIGHT SIDE AND LEFT SIDE, ALSO HAS THE URGE TO STOOL, BUT HAS DIFFICULTY STOOLING,; PREDNISONE, METRONIDAZOLE, RANITIDINE, MERCAPTOPYRINE
This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

This is a request for a heart or cardiac MRI

This is a request for Heart CT Congenital Studies.

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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

Headaches, and pain in back of head 3 months.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Neuro / Psychiatric; Aphasia, dizziness, focal weakness, gait disturbance, lightheadedness, loss of consciousness and speech changes.; Headache.; Neuro Comments: light sensitive and trouble sleeping. pain has been constant now x 6 d, without much help fr; This study is being ordered for a neurological disorder.; 08/12/2015; There has been treatment or conservative therapy.; Reason for Study: Patient has history of Migraines with photophobia and sleep disturbance.; 1. Headache ; Onset: 1 Week. Aggravating factors include bright lights. Pertinent negatives include vomiting.; Patient has been having headaches for over ; Medications: 11/06/2015 IMITREX, 11/06/2015 TYLENOL-CODEINE NO.3,MAXALT,

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 physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 10/12/15; There has been treatment or conservative therapy.; Pain that goes to the left home. Pain that goes from the arm to the right leg.; Pain medications, muscle relaxers, and home exercise.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 10/12/15; There has been treatment or conservative therapy.; Pain that goes to the left home. Pain that goes from the arm to the right leg.; Pain medications, muscle relaxers, and home exercise.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Cervical spine x ray that showed degenerative disc disease

Radiology Services Denied Not Medically Necessary

6th lumbar vertebrae; This study is 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 one year ago.; There has been treatment or conservative therapy.; Severe back pain that affects normal activity that has persisted for approximately one year.; Xray showing 6 lumbar vertebrae. Negative renal u/s

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

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

Radiology Services Denied Not Medically Necessary

6th lumbar vertebrae; This study is 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 one year ago.; There has been treatment or conservative therapy.; Severe back pain that affects normal activity that has persisted for approximately one year.; Xray showing 6 lumbar vertebrae. Negative renal u/s

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 none; This study is being ordered for Inflammatory/ Infectious Disease.; 11/16/2015; There has been treatment or conservative therapy.; Pt experiencing swelling and pain; RX, steroids

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.

Radiology Services Denied Not Medically Necessary

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 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.

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.; 8/08/2014; There has not been any treatment or conservative therapy.; none

Radiology Services Denied Not Medically Necessary

possible fracture not shown on x-ray; This study is being ordered for trauma or injury.; 9/17/15; There has not been any treatment or conservative therapy.; cant walk on foot < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/2015; There has not been any treatment or conservative therapy.; Patient is experiencing pain in left leg and not able to walk, knee inflexion leads to crying.

Radiology Services Denied Not Medically Necessary

This is a request for a heart or cardiac MRI

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The study is requested for Hydrocephalus or congenital abnormality.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

"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"

This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.
This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.

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.

evaluate for sacrococcyteal osteomyelitis secondary to pressure ulcer; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

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.

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.

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.

< 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.

; 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

RULE OUT CANCER; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; FOR THE CYST ON ANKLE 6 MONTHS AGO AND BACK 6 MONTHS PLUS; There has been treatment or conservative therapy.; RADICULOPHTY PAIN; INJECTION AND MEDICATIONS

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
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

chronic pain; This study is being ordered for Inflammatory/ Infectious Disease.; 12/1/2013; There has been treatment or conservative therapy.; ankle pain; orthodox and clinical instruction on stretching and how to use ice

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.

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.

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.

This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.

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.

This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.

This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.

This is a request for 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.

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.

xrays of foot and ankle show that there is no osseous abnormalities and the hardware from previous surgery is intact. With the patient's symptoms, need to check for non-union of ligaments.; This study is being ordered for trauma or injury.; 04/18/2013; There has been treatment or conservative therapy.; pain and swelling of both the right foot and right ankle, decrease in range of motion of right ankle; patient was given instructions for RICE therapy, over the counter anti-inflammatories. With that not helping, patient was given steroid injections. Patient agreed with surgery back 11/15/2013.; Patient returned recently with pain and swelling, limited ran

"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.; complains of ankle pain and ankles giving out.; This is a request for a bilateral ankle 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.; This is a request for bilateral foot MRI.; pain in feet, painful when weight bearing

"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.; pt with hx of chronic bilateral foot and ankle pain and Achilles contractures; This is a request for a bilateral ankle 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.; This is a request for bilateral foot MRI.; Patient is experiencing severe pain in both feet.

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Pt is having heel pain for several years and conservative treatment is not improving pain.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/2015; There has been treatment or conservative therapy.; pain; brace

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12-29-2015; There has not been any treatment or conservative therapy.; Difficulty walking/ soreness

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; sept 29 2015; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

pain and swelling, bruising in the lateral calcaneus extending proximally to the left lateral ankle joint, including the peroneal tendon complex; This study is being ordered for trauma or injury.; November 21, 2015; There has been treatment or conservative therapy.; Pain and swelling in the achilles tendon area, left; pt has iced area, elevated foot and has worn a walking boot

planned 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.; 6/12/2013; There has been treatment or conservative therapy.; large open wound; medications

Podiatric evaluation and discussion of patients presenting symptoms. Patient with continued heel, arch and now first MTP joint pain of the right foot. She is taking 1000 mg of ibuprofen a day, I suggested that she take the recommended dose and also cons; 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.

RULE OUT CANCER; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; FOR THE CYST ON ANKLE 6 MONTHS AGO AND BACK 6 MONTHS PLUS; There has been treatment or conservative therapy.; RADICULOPHTY PAIN; INJECTION AND MEDICATIONS severe pain; x-rays done; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is NOT being ordered for chronic pain, acute pain, rule out tarsal coalition, known or suspected septic arthritis or osteomyelitis, tendonitis, neuroma or plantar fasciitis.

SHE HAS CONTINUED PAIN NOTED OVER THE SINUS TARSII AND LATERAL SIDE OF FOOT L.; 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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 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.

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.

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 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 has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.

This is a request for 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.

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 walking cast for at least 4 weeks.

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.

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 immobilization for at least 6 weeks.

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.

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.

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.

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.

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.

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.

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.

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.

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 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.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

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.

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.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.

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.

UNKNOWN; 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.

Unknown; This study is being ordered for trauma or injury.; September 2015; There has been treatment or conservative therapy.; Pain, burning sensation, pain from metatarsal base into peroneal tendon and up into ankle; Cast boot, xrays

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness to the bottom of the foot due to the burning. Progressive type symptoms when sitting and laying down; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Patient is experiencing severe pain in both feet.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; foot pain

Radiology Services Denied Not Medically Necessary

; This study is 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.; ;

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.

Radiology Services Denied Not Medically Necessary

xrays show no abnormalities with bones, patient still has pain swelling and can bear limited weight on it; 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.

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.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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.

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.

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.

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."; The study is requested for headache.

; 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

; 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)

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)

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)

Unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >; ; 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.

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.

This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.

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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

"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.

"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.

"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.

"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.

"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.

< 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.

< 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.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >;
; "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.

; "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.

; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

; This study is being ordered for 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.; body aches, fatigue, chest discomfort, flank/lower abdominal pain,

1 cm noncalcified pulmonary nodule in the right upper lobe; centrally which is 2 mm larger when compared to the 2010 prior study. This could be related to a noncalcified granuloma with size difference; related to image slice thickness acquisition. However, A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

3 month 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. 3-16-2015; 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.

35lb weight loss in past 2 months, dyspnea on exertion; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

7.3 mm in size of this nodule and I think it is too small for PET resolution. A solitary pulmonary lung nodule risk calculator calculates has a malignancy risk of less than 1%. Will repeat a 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

Bronchiectasis without complication.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

CT Chest dated 09/10/2015: Centrilobular emphysematous change in the lungs is identified and sharply marginated lobular opacity in the left upper lobe is identified with some calcifications. One of the lobular masses measures 2.7cm x 1.3cm. in the left u; "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.

CT CHEST8/4/15 SUB CENTIMETER MED LYMPH NODES. 6-7 MM NODULES BILATERALL. SOME OF THEM ARE 3-4 MM.DIFFERENTIALS WAS DISCUSSED. COULD BE EXPOSURE TO FUNGAL INFECTIONS, SARCOIDOSIS IS POSSIBILITY.; "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.

CT dated 05/19/2015: Significant interval improvement in the appearance of the lungs; with a residual 14 mm density in the left upper lobe but all nodules; are much smaller suggesting an infectious or inflammatory etiology. ; Density measured at least 23; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

CT Dated 08/10/2015: Multiple indeterminate bilateral groundglass and semisolid; pulmonary nodules, the largest measuring 1.5 cm. ; The doctor would like to repeat the CT Chest in 3-4 months to follow it radiographically.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Donald Ray Head, a 55 y.o. male is here for evaluation of copd , pt states that he was diagnosed couple of months ago by his pcp,pt states that he is been having SOB for 3 years, which is worse with exertion, humidity and improved with rest, associated w/ wheezing; 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.

Extensive scattered lucencies identified throughout both lungs consistent with moderate emphysema. There is interstitial prominence identified throughout both lungs which has significantly worsened since the prior examinations.; 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.

f/u to a chest nodule found on ct of chest done 7-13-2015; "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.

Follow up CT Scan for Carcinoid tumor. Dr wants to ensure no new abnormalities have developed. Patient requires scan to manage progression of COPD.; "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.

follow up on COPD three 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 none of the above.

follow up on pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.

follow up to abnormal CT 6/2014, 2/2015; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Follow up to R/O metastatic mass as opposed to infection.; "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.

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.

Lung nodule, one year 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.

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.

lung nodules are small enough to only required frequent every 3-6 month monitoring; 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.

mbr has nodule on lung Chest CT in 2014-4.7mm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

mediastinal lymphadenopathy showed on 2 prior CT scans; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

multiple 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.

none 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.

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.

noted solitary lung nodule monitoring 5mm nodule size only requires monitoring; 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.

Patient has a 2mm nodule in their left lung.; 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.

patient has copd.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Patient has cough, weight loss, and smoking history.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

patient has moderate COPD; 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.

Patient was previously followed for recurring exudative plural effusion, pneumonia, difficile. Reflex, 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.

Problem List Items Addressed This Visit  Cough  - patient's cough is likely due to chronic bronchitis. She has significant smoking history and continues to smoke - we encouraged smoking cessation - PFTs are ordered and agree with this to look ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Pt is here for evaluation of pulm nodule. RLL 10mm nodule v. Thrombosed AVM.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

pt w/sarcoidosis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

pulmonary embolism; "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.

pulmonary fibrosis; 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.

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.

Severe restriction noted on full PFT. Screening CT needed.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

She had CT chest 10/25/2014 for chest pain post MVA which showed innumerable small 2-5 mm non-calcified nodules and mediastinal and hilar lymphadenopathy.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

shortness of breath  Initial 10/2014 - Repeat was supposed to be 6 months later. did not have done.  Follow up from initial - monitor mass /check for changes; "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.

Small nodule at the right lung apex in keeping with a calcified  granuloma. Additional granulomatous calcifications. Dated 09/14/15. This is a 3 month follow up scan.; "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.

SOB; 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.

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.

The patient is 63 years old. She has a history of lung cancer and had a recent resection St. Bernards. We have been following her radiographically. The last CT Chest was performed in June 2015 and the physician requests to repeat the CT in 6 months whic; 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.

The patient is a 40-pack-year smoker. She's been smoking a pack a day since age of 9. She reports scough and intermittent wheezing with productive phlegm. She has shortness of breath on exertion. She likely has underlying emphysema/COPD; 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.

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.

The patient reports that his saturation in the doctor's office yesterday was 91% and he was referred for pulmonary evaluation. He reports dyspnea on exertion with daily cough and phlegm. He has significant family history of lung cancer his father died of ; 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.

The visualized upper abdominal structures again demonstrate an enlarged retroperitoneal lymph node measuring approximately 2.2 cm partially included in the study, worrisome for a pathologically enlarged lymph node.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

There is a noncalcified 3 mm right lower lobe nodule.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

There is a right anterior pneumothorax which measures approximately 1.7 cm in size. Pneumomediastinum is seen. Severe emphysema is identified.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

There is not a known inflammatory disease.; There is not a known tumor.; Patient was seen in the office in September 2014 - Report shows a 1.5 cm subcarinal node and possibly a lesion in the right base but difficult to tell because of moderate effusion. Thoracentesis was performed and PET Scan was conducted in October 2014; "The ordering physician is NOT an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.

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.

Tobacco dependence syndrome - Patient began smoking at the age of 16 until now at 1 PPD for a 45 pack year history. Low Dose CT recommended for lung 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.

tobacco use, multiple nodules on lungs, last ct showed slightly irregular soft tissue density; 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.

Will obtain CT given his bx of nodule showing honey combing and fibrosis. This probably represent a nidus of fibrosis, but make sure he doesn't have UIP.; 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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

; This study is 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.; body aches, fatigue, chest discomfort, flank/lower abdominal pain,

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.

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 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 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 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 a request for a 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 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 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 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 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.

This a request for an echocardiogram.; This is a request for a 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.

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.

UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/2015; There has been treatment or conservative therapy.; COUGH; MEDICATION

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4 months ago; It is not known if there has been any treatment or conservative therapy.; headaches

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4 months ago; It is not known if there has been any treatment or conservative therapy.; headaches

Radiology Services Denied Not Medically Necessary

Ms. keeton was examined in office 12/15/15 for what was felt to be a HA due to sinusitis. She has been treated with prednisone, Levaquin, and given a script for Tylenol #3 as well as Nasonex nasal spray. Her HA still persists and is now with neck pain ; This study is being ordered for Inflammatory/ Infectious Disease.; 12/15/2015 Ms. keeton was examined in office 12/15/15 for what was felt to be a HA due to sinusitis. She has been treated with prednisone, Levaquin, and given a script for Tylenol #3 as well as Nasonex nasal spray. Her HA still persists and is now wi; There has been treatment or conservative therapy.; Her HA still persists and is now with neck pain and blurred vision.; Ms. keeton was examined in office 12/15/15 for what was felt to be a HA due to sinusitis. She has been treated with prednisone, Levaquin, and given a script for Tylenol #3 as well as Nasonex nasal spray. Her HA still persists and is now with neck pain

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.

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.

Radiology Services Denied Not Medically Necessary

A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Radiology Services Denied Not Medically Necessary

Mr Trout is a 45 y/o male former smoker with COPD who is here for follow up; Pt seems to have had multiple ER visits and also once ICU stay for his COPD exacerbation requiring BIPAP in ICU.(Of note He did have a long road travel to and from Michigan with ; 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.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

Patient evaluation of abnormal CT, who had a groundglass opacity repeat CT shows stable. Groundglass opacification.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

UNKNOWN; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/2015; There has been treatment or conservative therapy.; COUGH; MEDICATION

Radiology Services Denied Not Medically Necessary

history of hemoptysis, could be from lung cancer or bronchitis, SOB, and coughing; 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.

Radiology Services Denied Not Medically Necessary

Ms. Keeton was examined in office 12/15/15 for what was felt to be a HA due to sinusitis. She has been treated with prednisone, Levaquin, and given a script for Tylenol #3 as well as Nasonex nasal spray. Her HA still persists and is now with neck pain; This study is being ordered for Inflammatory/ Infectious Disease.; 12/15/2015; Ms. Keeton was examined in office 12/15/15 for what was felt to be a HA due to sinusitis. She has been treated with prednisone, Levaquin, and given a script for Tylenol #3 as well as Nasonex nasal spray. Her HA still persists and is now with neck pain and blurred vision.; Ms. Keeton was examined in office 12/15/15 for what was felt to be a HA due to sinusitis. She has been treated with prednisone, Levaquin, and given a script for Tylenol #3 as well as Nasonex nasal spray. Her HA still persists and is now with neck pain

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This would be the first PET Scan performed on this patient for this cancer.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.

< 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.

lung cancer, mri gimma knife ,2 small lesion on the brain; This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.; 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.

small lung cancer; 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.

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.

worsening h/a; restaging; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

"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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

Assess response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is not a hematologist/ oncologist.

unknown, faxing in clinicals; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

< 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.

< 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.

< 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.

evaluation for treatment with biopsy done 10/29/15; rise in PSA at 2.7; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

treatment planning; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

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 physician is not a hematologist/ oncologist.

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."

Assess response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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; 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 a request for a 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 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 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 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 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 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 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 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.

pt has breast cancer and metastatic to the brain and has brain lesions.; 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered. faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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 NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered. faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; It is unknown if this is for an evaluation of axillary lymph nodes.

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.

Yes, this is a request for CT Angiography of the Neck.

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 has a known aneurysm.; This is a request for a Brain MRA.

radiation therapy planning; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.

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.

< 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 NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.

gludial abcess with abcess drain and bleed; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.

51 yo with symptomatic uterine fibroids previously causing iron deficiency anemia. Her anemia has resolved s/p iron supplementation. She currently mainly complains of severe menorrhagia. Need MRI to assess if fibroids are pedunculated subserosal fibroid ; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

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.

radiation therapy planning; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). This is a request for 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.

right C7 radiculopathy, therapy worsen pt 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.; progressing weakness on pt right side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.

This is a request for cervical 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.

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.

At this time, pt is not able to find a comfortable area where the pain can ease up.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

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.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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?

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

She is still having worsening right leg pain status post lumbar decompression, postoperative MRI only shows some scar tissue no definite nerve impingement, she still has significant right footdrop, her clinical presentation since symptoms are still class; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

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.; 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?

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

Radiology Services Denied Not Medically Necessary

Cervicalgia with radiation right arm pain, numbness, tingling, weakness. Previous MRI noted thickening of the C7, C8, and T1 nerve roots bilaterally. Right arm weakness with possible brachial plexus involvement. Previous cervical MRI one year ago. Rec; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2014; There has been treatment or conservative therapy.; Pain in neck on right side radiating to right arm. Tingling, numbness, and weakness in right arm.; 6 weeks of physical therapy, several months of chiropractic care, ns aids and muscle relaxers for over one year.

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 going down the both arms and numbness on both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Cervicalgia with radiation right arm pain, numbness, tingling, weakness. Previous MRI noted thickening of the C7, C8, and T1 nerve roots bilaterally. Right arm weakness with possible brachial plexus involvement. Previous cervical MRI one year ago. Rec; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2014; There has been treatment or conservative therapy.; Pain in neck on right side radiating to right arm. Tingling, numbness, and weakness in right arm.; 6 weeks of physical therapy, several months of chiropractic care, ns aids and muscle relaxers for over one year.

Radiology Services Denied Not Medically Necessary

Per x-ray results, patient may need further evaluation by CT or MRI to evaluate for any foraminal stenosis; 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.

Radiology Services Denied Not Medically Necessary

; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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.; Patient was directed to do home exercise and to apply an ice pack for 20 minutes afterwards.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

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.; 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.;

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.; There is not x-ray evidence of a recent lumbar fracture.; Tenderness is noted at the bilateral sacroiliac joint, bilateral lumbar paravertebral muscles and radiating pain down the BLE.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;

No involuntary movement are noted. OTHER: MMT of 4+ to 5-/5 (B) lower extremities secondary to pain; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Tenderness is noted at the bilateral lumbar paravertebral muscles and radicular pain into 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.

Radiology Services Denied Not Medically Necessary

none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a 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 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.

"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.

"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.

Suspected Scleroderma; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT

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.

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.

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; 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.

This is a request for cervical 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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/17/2015; There has been treatment or conservative therapy.; Pain in the back radiating down to the bilateral legs, numbness, restless leg syndrome, degenerative disc disease t11-10 t11-12; PT-6 weeks, 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.

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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/17/2015; There has been treatment or conservative therapy.; Pain in the back radiating down to the bilateral legs, numbness, restless leg syndrome, degenerie disc disease t11-10 t11-12; PT-6 weeks,

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10-18-15; There has been treatment or conservative therapy.; inflammatory disease  rotator cuff tesr; meds

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; extremities in 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.

n/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.; weakness in left lower extmy w/ radipothy; 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.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

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.

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

Patient is experiencing consistent back pain radiating to left leg, bone scan showed very little; evaluating more in depth with CT.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

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.

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for Inflammatory/ Infectious Disease.; 56 year old female with rheumatoid arthritis involving multiple site with positive rheumatoid factor; There has been treatment or conservative therapy.; ; Methotrexate

error in processing; This study is 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 >;

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

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.

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.

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.

This is a 54-year-old Afro-American female who presents today for evaluation and treatment of previous diagnosis of rheumatoid arthritis. She states that she saw rheumatology in Texarkana many years ago who diagnosed her with rheumatoid arthritis and pla; This study is being ordered for Inflammatory/ Infectious Disease.; The patient states she has had pain for many years but did not give specific date.; There has been treatment or conservative therapy.; stiffness, swelling, and pain; ibuprofen, levothyroxine, plaquenil, sulfasalazine, ultram, victoza

This is a pleasant Caucasian man who comes in today for follow-up. He has an elevated anti-CCP though negative rheumatoid factor. He was seen initially with complaints of abnormal lab and worsening symmetrical joint pain and stiffness. Dr. Chi had challenge; This study is being ordered for Inflammatory/ Infectious Disease.; 6/24/15; There has been treatment or conservative therapy.; Pain, stiffness, and swelling; Medications including Percocet, Prednisone, Sulfasalazine, and Trazodone.

This is a very pleasant 15-year-old white female who presents today for evaluation of multiple joint pain. She states that she has pain and swelling in her hands, wrists, feet, and ankles that has been going on for about 6 months. She is a basketball player; This study is being ordered for Inflammatory/ Infectious Disease.; The patient states the symptoms started about 6 months ago which would be April 28, 2015.; It is not known if there has been any treatment or conservative therapy.; Joint pain and swelling in the extremities, muscle aches, and fatigue.

This is a very pleasant 60-year-old white female who presents today for evaluation of multiple joint pain. She says she was diagnosed with rheumatoid arthritis over 10 years ago at Little Rock diagnostic clinic, but never sought formal treatment for this; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states she has been having pain for about 10 years now but has never sought treatment until now.; There has been treatment or conservative therapy.; Pain in bones of hands, feet, elbows, and shoulders.; Medication, ibuprofen, Meloxicam

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

error in processing; This study is 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 >;

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.

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.

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.

The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The plain films were not normal.

This is a 54-year-old Afro-American female who presents today for evaluation and treatment of previous diagnosis of rheumatoid arthritis. She states that she saw rheumatology in Texarkana many years ago who diagnosed her with rheumatoid arthritis and pla; This study is being ordered for Inflammatory/ Infectious Disease.; The patient states she has had pain for many years but did not give specific date.; There has been treatment or conservative therapy.; stiffness, swelling, and pain; ibuprofen, levothyroxine, plaquenil, sulfasalazine, ultram, victoza

This is a pleasant Caucasian man who comes in today for follow-up. He has an elevated anti-CCP though negative rheumatoid factor. He was seen initially with complaints of abnormal lab and worsening symmetrical joint pain and stiffness. Dr. Chi had challenge; This study is being ordered for Inflammatory/ Infectious Disease.; 6/24/15; There has been treatment or conservative therapy.; Pain, stiffness, and swelling; Medications including Percocet, Prednisone, Sulfasalazine, and Trazodone.

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.

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.

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.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

This 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.

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.

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.

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.

This is a very pleasant 15-year-old white female who presents today for evaluation of multiple joint pain. She states that she has pain and swelling in her hands, wrists, feet, and ankles that has been going on for about 6 months. She is a basketball player; This study is being ordered for Inflammatory/ Infectious Disease.; The patient states the symptoms started about 6 months ago which would be April 28, 2015.; It is not known if there has been any treatment or conservative therapy.; Joint pain and swelling in the extremities, muscle aches, and fatigue.

This is a very pleasant 60-year-old white female who presents today for evaluation of multiple joint pain. She says she was diagnosed with rheumatoid arthritis over 10 years ago at Little Rock diagnostic clinic, but never sought formal treatment for this; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states she has been having pain for about 10 years now but has never sought treatment until now.; There has been treatment or conservative therapy.; Pain in bones of hands, feet, elbows, and shoulders.; Medication, ibuprofen, Meloxicam

Sara Rose is a 27 year old woman with a PMH of atopic dermatitis and bilateral tarsal tunnel syndrome who was referred to us for bilateral foot and ankle pain. She states that she has had foot and ankle pain "her whole life," but that it has gotten worse.; 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.

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.

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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation

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.

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

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

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

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.

Rheumatoid arthritis; 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.

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).

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.

x-ray showing possible necrosis; This study is being 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 ;; Medication

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.

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

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

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

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).
; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

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.

Radiology Services Denied Not Medically Necessary

X-ray showed degenerate changes of lower L Spine L4 & L5, mild scoliotic changes or lower L Spine. Has dorsalgia.; This study is 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 of 2015; There has been treatment or conservative therapy.; degenerative arthritis of the C Spine, T Spine, & lower L spine, Ankylosing spondylitis,; Pregnazone, Embrel, Anti-inflammatory, Flexrol, Skelaxin, Butrans Pach, Hydrocodone, Flector Patch

Radiology Services Denied Not Medically Necessary

for further treatment of back pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2012; There has been treatment or conservative therapy.; chronic back pain  numbness and tingling on right side of back swelling fatigue; physical therapy different medications- simbolta and lyrica

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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

X-ray showed degenerate changes of lower L Spine L4 & L5, mild scoliotic changes or lower L Spine. Has dorsalgia.; This study is 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 of 2015; There has been treatment or conservative therapy.; degenerative arthritis of the C Spine, T Spine, & lower L spine, Ankylosing spondylitis,; Pregnazone, Embrel, Anti-inflammatory, Flexrol, Skelaxin, Butrans Pach, Hydrocodone, Flector Patch

Radiology Services Denied Not Medically Necessary

; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

for further treatment of back pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2012; There has been treatment or conservative therapy.; chronic back pain  numbness and tingling on right side of back swelling fatigue; physical therapy different medications- simbolta and lyrica

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 yrs ago; There has been treatment or conservative therapy.; joint aches and pains, arthritis, weight loss; meds,

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;

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.

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.; 10-18-15; There has been treatment or conservative therapy.; inflammatory disease  rotator cuff tesr; meds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 yrs ago; There has been treatment or conservative therapy.; joint aches and pains, arthritis, weight loss; meds,
; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

Radiology Services Denied Not Medically Necessary

PT has a partial rotator cuff tear on the right shoulder. Per the MRI 10/30/2014; Is this a request for one of the following? MR Angiogram Upper Extremity

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; 6/5/15; There has been treatment or conservative therapy.; Pain, weakness, vomiting, numbness, dizziness, severe headaches, fatigue, easy bruising.; Lots of medications including hydrocodone, Tylenol #3, Tramadol, Depo-Medrol, Lidocaine & Marcaine

Radiology Services Denied Not Medically Necessary

Low back pain; muscle aches; muscle weakness; joint pain, swelling in extremities; weakness; numbness; headaches; 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.; unknown; There has been treatment or conservative therapy.; Chronic low back pain; Anti-inflammatories; PT

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; 6/5/15; There has been treatment or conservative therapy.; Pain, weakness, vomiting, numbness, dizziness, severe headaches, fatigue, easy bruising.; Lots of medications including hydrocodone, Tylenol #3, Tramadol, Depo-Medrol, Lidocaine & Marcaine

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

CBC abnormal, comprehensive metabolic panel abnormal; 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.

This request is for 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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar 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.; Lower back pain 2014  Cervical 1/15/2015; There has been treatment or conservative therapy.; Tingling and numbness into feet and toes; back pain; PT; Injections; Medication

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; <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.

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?

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Lower back pain 2014  Cervical 1/15/2015; There has been treatment or conservative therapy.; Tingling and numbness into feet and toes; back pain; PT; Injections; Medication

CANDIDATE FOR INJECTIONS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
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

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
This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury
This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days

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?
Dysuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

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.

Radiology Services Denied Not Medically Necessary

he is a candidate for epidural injection; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
This is a request for a temporomandibular joint MRI.

Patient involved in recent motor vehicle collision with head injury. Now with persistent headache. Requesting CT of head for further evaluation.; 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."; The study is requested for recent head trauma or injury.
symptoms have gotten worse, sleep walking and amnesia. blacking out during the day.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

; "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.

MD wants to rule out osteomyelitis; This study is being ordered for Inflammatory/ Infectious Disease.; 2012; There has been treatment or conservative therapy.; swelling, pain; Hardware removed from facial bones,

MD wants to rule out osteomyelitis; This study is being ordered for Inflammatory/ Infectious Disease.; 2012; There has been treatment or conservative therapy.; swelling, pain; Hardware removed from facial bones,

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.

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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 3/15; There has been treatment or conservative therapy.; sister passed, instemic stroke; Caradid doplar in April, caradid angioplasty in past

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 3/15; There has been treatment or conservative therapy.; sister passed, instemic stroke; Caradid doplar in April, caradid angioplasty in past

ischemic work up; This study is being ordered for a neurological disorder.; 10/01/2015; There has been treatment or conservative therapy.; acute onset of left sided vision loss and acutegeneralized weakness; started on daily aspirin
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.; 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.

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.

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.

"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.

"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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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; There has not been any treatment or conservative therapy.; antibiotics

; "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.

; This study is 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.;

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.
A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

Breast cancer , mets work 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 physician is not a hematologist/ oncologist.

Ductile lobular of the right breast. Biopsy on 11/22/2015. Carcinoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Pt breast carcinoma, and this is for staging for surgery and then oncologist. Checking to make sure no cancer elsewhere.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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.

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.

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; 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.; new onset of symptoms past two months no recent injury pain to neck to finger tips r/o radiculopathy

< 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.

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

presented with known trauma, thrown from a Horse on her buttock. Has a large black tissue type or tumor, initiating CT to find out what it is.; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; The patient is not presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.

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.

4 cm x 2 cm firm, cylindrical raised area palpated in the L groin with overlying ecchymosis; This is a request for a Pelvis MRI.; Surgery is not planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/7/15; There has been treatment or conservative therapy.; left wrist pain and popping with extension; Surgery, OT (since 9 /1/15), medication

possible ligament injury; This study is being ordered for trauma or injury.; 12/9/2015; There has been treatment or conservative therapy.; pain, swelling R wrist aggravated w/use, relieved with rest.; splint

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.

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.

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;

Assessment-the patient clinical history and Physical examination are consistent with rt. sm. finger DIP joint pain. The differential diagnosis includes an occult mucous cyst.; The patient rt. sm. finger will be evaluated with an MRI scan. He will return 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.; noted 6 months history of pain along the radial border of right finger at the DIP joint. He describes a tender mass which is slowly grown in size.The differential dx. includes an occult mucous cyst.; There has been treatment or conservative therapy.; There is tenderness along the unlar of the DIP joint. Swelling. pain symptoms in the RT. sm. finger are aggravated when bumps the finger. pain along the radial border rt. small finger.; soft padded contraction and wrap with coban RT. sm. finger
The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

Assessment-the patient clinical history and Physical examination are consistent with rt. sm. finger DIP joint pain. The differential diagnosis includes an occult mucous cyst. The patient rt. sm. finger will be evaluated with an MRI scan. He will return 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.; noted 6 months history of pain along the radial border of right finger at the DIP joint. He describes a tender mass which is slowly grown in size. The differential dx. includes an occult mucous cyst.; There has been treatment or conservative therapy.; There is tenderness along the unlar of the DIP joint. Swelling. pain symptoms in the RT. sm. finger are aggravated when bumps the finger. pain along the radial border rt. small finger.; soft padded contraction and wrap with coban RT. sm. finger possible ligament injury; This study is being ordered for trauma or injury.; 12/9/2015; There has been treatment or conservative therapy.; pain, swelling R wrist aggravated w/use, relieved with rest.; splint

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.

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.";

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.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.

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.

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

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 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.

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.

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.

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

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

This 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 being ordered by the operating surgeon for pre-operative planning.

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

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.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

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.

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.

UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; YEAR AGO; There has been treatment or conservative therapy.; PAIN AND NUMBNESS; INJECTIONS AND THERAPY

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.

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.

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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a request for 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.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is 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.

< 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

None; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There 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.

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.

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.

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 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 not been completed.; This study is being requested 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.

< 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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; There has not been any treatment or conservative therapy.; antibiotics

(L) lower abdominal swelling, size changes-PCP says pt has an abdominal hernia. Discussed need for CT to assess as the clinical exam is uncertain. She has developed pain and swelling in the LLQ of unclear etiology. She states that she sometimes has difficulty; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.
; This study is 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.;

Assessment: #x0D; Internal and external hemorrhoids #x0D; RUQ and RLQ abdominal pain #x0D; Blood per rectum; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.
Breast cancer , mets work up; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Clinical Notes: I would like to obtain a current CT scan to evaluate the anatomy of the recurrent hernia. He has had 2 prior operations in this area. #x0D; He may require a reoperation in this area to identify and repair the defect.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

Ductile lobular of the right breast. Biopsy on 11/22/2015. Carcinoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist. hernia; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

INITIAL STAGING OF BREAST CANCER; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.

Patient with abdominal pain and constipation with trouble passing stool that has caused flare of hemorrhoids. Rectal exam revealed rectal stricture. Area biopsied but appeared benign. Need to evaluate for any mass that may be causing rectal stricture.; This is a request for an abdomen-pelvis CT combination.; This study is being 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.

periumbilical pain; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.

Pt breast carcinoma, and this is for staging for surgery and then oncologist. Checking to make sure no cancer elsewhere.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Pt has chronic Rt lower quadrant abdominal pain; Pt has had previous surgery. Not sure if it's related to that. This is for further evaluation.; 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.

Pt has had a abdomen ct, hida scan and ultrasound , all normal. test Pt is still complaining of 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 performed.; The results of the exam were abnormal.

Pt is a 46yo M with recurrent incisional hernia; ; ; Size of fascial defect is stable from previous CT scan. Had long discussion with patient on watchful waiting to see if hernia enlarges any more over the next several months. We will plan to see the pt; 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.

Pt referred by PCP for RLQ pain, pt states his pain has been 7 out of 10 pretty constant pain in groin nad testicle area also. History of pt having hernia surgery in April 2015; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

pt with complaints that ever since her incisional hernia surgery in May 2015, which she had a fall 1 week after surgery, she has had intermittent RUQ & RLQ pain ever since. No mass felt on exam but pt was tender on the right side of old incision; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

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.

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 a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

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.

This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Post Lap Hand assisted sigmoid colectomy on 11/4/15 with RLQ tenderness

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

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

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.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

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;

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,

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; chronic abdominal pain, anemia

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; gaul bladder abdominal pain

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; hernia

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; hernia of which they have had two in past

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; hernia.

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; lower quad pain

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 EPIASTRIC ABD PAIN AND HAS HAD ULTRASOUND THAT WAS NORMAL. ELEVATED AMYLASE AND GASTRITIS AND DIVERTICULSOS ON RECENT EGD/COLONOSCOPY. NO REASON FOR ELEVATED ENZYMES AND NO REASON FOR PAIN.

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 rectal bleeding and abdominal pain. Had a normal colonoscopy on 11.03.15

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

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

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.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Palpable and visual painful abdominal mass on left side of abdomen.

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

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

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 R/O metastases

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 been a recent previous abdominal and or pelvis CT scan.; This would be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.; Patient found to have adrenal mass on previous CT. In need of repeat to re-evaluate the mass.

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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Follow up for cancer.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 had an amylase lab test.; The results of the lab test were normal.

Upper abdominal/ lower chest pain. worrisome mainly because of his high activity level and ability to tolerate discomfort; needs CT of chest abdomen and pelvis to rule out malignant disease, which would have been missed with ultrasound.; 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 physician is not a hematologist/ oncologist.

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."; surveillance

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."; transplant evaluation , having rebound tenderness , ultrasound preformed , show abnormal mass , slightly jaundice ,

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.; F/U for diverticulitis

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.; Nonspecific curvilinear hypodensity within segment VII of the liver; which measures 3.7 cm x 0.7 cm in size. This could represent a dilated; intrahepatic biliary duct. Further evaluation can be done with MRI to; evaluate.

< 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.; 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.

atypical lobular hyperplasia of the left breast; 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.

FINAL DIAGNOSIS:  A. LEFT BREAST CORE BIOPSIES: - TYPE OF TUMOR: INFILTRATING DUCTAL CARCINOMA. - DIFFERENTIATION: POORLY DIFFERENTIATED. - GRADE: III OUT OF III (NOTTINGHAM GRADE) TUBULE FORMATION: 3 NUCLEAR PLEOMORPHISM: 3 MITOTIC ACTIVITY: 3 T; 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.

Has bilateral breast lesions, pathology is coming back benign but they still feel there is a malignancy.; 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.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for Breast MRI.; This study is being ordered 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.

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.

UNKNOWN; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.

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 a request for a 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 a request for a 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 a request for a 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 a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Abn. cholangiogram- s/p Lap Cholecystectomy RUQ pain; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

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.

palpable mass on his neck discovered yesterday while at the dr. for another issue.; 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 CT Angiography of the Neck.

< 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 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).

"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.

; This study is 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.;

for some time (several months) has had intermittent LUQ/left lower rib pain, like a pressure, feels "like when the baby pushes out in pregnancy", lasts 15-20 min, made worse with lifting/bending/pulling; feels better to push in on it and hold pressure; ?m; This study is 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 weeks ago; There has not been any treatment or conservative therapy.; LUQ/Left lower rib pain, pressure, worse with lifting bending and pulling

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Upper abdominal/ lower chest pain. worrisome mainly because of his high activity level and ability to tolerate discomfort; needs CT of chest abdomen and pelvis to rule out malignant disease, which would have been missed with ultrasound.; 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 physician is not a hematologist/ oncologist. 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>

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Bilateral lower extremity numbness; Physical therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; months; There has not been any treatment or conservative therapy.; pain;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Bilateral lower extremity numbness; Physical therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; months; There has not been any treatment or conservative therapy.; pain;

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.;

Radiology Services Denied Not Medically Necessary

leg weakness and 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

Radiology Services Denied Not Medically Necessary

Pt. was given RX of steroids and pain pills. General surgeon spoke with orthopedic doctor and was felt he needed to be evaluated for this problem.; This study is being ordered for trauma or injury.; Jan. or Feb. 2015; There has not been any treatment or conservative therapy.; Pt. states he suffered a fall on ice at the beginning of this year. Has progressively gotten worse and then ended up going to ER last for the severe pain.

Radiology Services Denied Not Medically Necessary

The patient cannot have a CT with contrast. The patient cannot eat without having pain, therefore her nutritional status is jeopardized.  The patient has had persistent abdominal pain around the umbilicus for an unacceptable amount of time.  She has h; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; Persistent abdominal pain nausea; The patient was ordered to avoid NSAIDS and stop taking  Toradol. She is taking omeprazole and Carafate. H Pylori, CBC, CMP, amylase, and lipase was ordered in July. There was no abnormality noted.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

<Additional Clinical Information>; Is this a request for one of the following? MR Angiogram Upper Extremity

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the lower extremity.

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.

Radiology Services Denied Not Medically Necessary

Pt. was given RX of steroids and pain pills. General surgeon spoke with orthopedic doctor and was felt he needed to be evaluated for this problem.; This study is being ordered for trauma or injury.; Jan. or Feb. 2015; There has not been any treatment or conservative therapy.; Pt. states he suffered a fall on ice at the beginning of this year. Has progressively gotten worse and then ended up going to ER last for the severe pain. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

for some time (several months) has had intermittent LUQ/left lower rib pain, like a pressure, feels "like when the baby pushes out in pregnancy", lasts 15-20 min, made worse with lifting/bending/pulling; feels better to push in on it and hold pressure; ?m; This study is 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 weeks ago; There has not been any treatment or conservative therapy.; LUQ/Left lower rib pain, pressure, worse with lifting bending and pulling

Radiology Services Denied Not Medically Necessary

abdominal pain , tenderness , nausea; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

APPENDICITIS WITH ABCESS, TRAETED WITH DRAINAGE, CHILLS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

Radiology Services Denied Not Medically Necessary

hernia vs possible lysis of adhesions; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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.

Radiology Services Denied Not Medically Necessary

Left Lateral flank pain. Possibilities include renal(ureter), colon, wall defect. Will need CT with and wihtout; This is a 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.

Radiology Services Denied Not Medically Necessary

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

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;

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>

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; nausea and tenderness

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 complains of abdominal pain of unknown cause

Radiology Services Denied Not Medically Necessary

The patient cannot have a CT with contrast. The patient cannot eat without having pain, therefore her nutritional status is jeopardized.  The patient has had persistent abdominal pain around the umbilicus for an unacceptable amount of time.  She has h; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; Persistent abdominal pain nausea; The patient was ordered to avoid NSAIDS and stop taking  Toradol. She is taking omeprazole and Carafate. H Pylori, CBC, CMP, amylase, and lipase was ordered in July. There was no abnormality noted.

Radiology Services Denied Not Medically Necessary

Known family history of 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.

"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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 01/2015; There has been treatment or conservative therapy.; back pain & rib pain; patient has had surgery ; 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.

; It is not known if there is radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.
A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

follow up for known lung nodules - seen on CT from 3 months prior to DOS of 01/14/16; 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.

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 physician is not a hematologist/ oncologist.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is 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 evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 01/2015; There has been treatment or conservative therapy.; back pain & rib pain; patient has had surgery ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This is a request for an abdomen-pelvis CT combination.; 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.; 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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Pt has a confirmed breast cancer. They're checking to see if it has metastasized anywhere.

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 physician is not a hematologist/ oncologist.

; 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).

; 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.

; 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.

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.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

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.

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.

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.

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 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.

heterogeneously dense breast tissue, history of atypical lobular hyperplasia/lobular carcinoma in situ. radiology recommends 1year follow MRI.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

Yes, this is a request for CT Angiography of the Neck.

"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.

< 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. Post op Coronary artery Bypass graph; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; 1 Year Follow Up; Ruptured AAA s/p repair with endograft on 10/15/13, and stable descending thoracic ulceration.

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; 1 Year Follow Up; Ruptured AAA s/p repair with endograft on 10/15/13, and stable descending thoracic ulceration.

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 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Pt is 4 years post aneurysm embolization. there are no CT scans since 2011 to compare to.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

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."; The study is requested for recent head trauma or injury.

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.

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.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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."; The study is requested for headache.

to evaluate his pituitary functions or hypergonad; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";
"There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct";
"There is a history of serious head or skull, trauma or injury.ostct"
This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

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)

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.
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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >

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 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 >

pt was told headaches due to monthly periods at the age of 13. Has taken several migraine meds and has been placed on meds to assist with menstrual onset before and after with no relief. pt on amerge at this time. does offer some relief but headaches are m; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; since age 13. was noted as being menstrual related. has continued and worsened; There has been treatment or conservative therapy.; headaches lasting over an hour and at least three times weekly. nausea, vomiting, sensitive to light; amerge pills for headaches. has been on several different migraine meds as well as otc meds with no relief

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/27/2014; There has been treatment or conservative therapy.; mbr has headaches and confusion speak problem and thoracic pain weakness and tingling in left side; medication for headache and PT and injection cervical infusion Medrol dose pack

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; HA, vision issues and loss of consciousness; Meds

; 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.

; This study is being ordered for a neurological disorder.; Mr. Daggs was not clumsy in childhood and was able to run track in high school. He first noted 5 years ago that he was starting to lose balance, he had to hold on to things more. His first fall was about 3 years ago, initially possibly going up stairs or ; There has been treatment or conservative therapy.; ; Mr. Daggs was not clumsy in childhood and was able to run track in high school. He first noted 5 years ago that he was starting to lose balance, he had to hold on to things more. His first fall was about 3 years ago, initially possibly going up stairs or

; This study is being ordered for Congenital Anomaly.; SEEN IN CLINIC 9/28/15 UNDERGOING THERAPY AT SCHOOL FOR DIFFUSE WEAKNESS IN HANDS, WEAKNESS AND LACK OF ENDURANCE ISSUES. HE WAS DELAYED WALKING AT 17 MONTHS OLD AND WAS 2-3 YEARS BEFORE SPEAKING INTELLIGIBLE WORDS. THIS WAS HIS FIRST VISIT TO HABILITATIO; There has been treatment or conservative therapy.; DECREASED MUSCLE COORDINATION, HYPOTONIA, TREMORS.; PATIENT IS UNDERGOING THERAPY AT SCHOOL BUT HAS HAD NO PREVIOUS MEDICAL STUDIES, MRI, EMGS, NERVE CONDUCTION OR X RAYS.

Abnormal MRI of the brain 5/2014 with one lesion in the left parietal region.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pseudo-tumor cerebri initially diagnosed in 1996 during pregnancy for severe headaches. Re-diagnosed in 2011. Abnormal brain MRI, abnormal Lumbar puncture.; It is not known if there has been any treatment or conservative therapy.; Headaches, intermittent episodes of numbness, tingling and weakness of bilateral upper extremities. Hyper-reflexia

Atrophy of pectoralis muscles on the right. Aura of headache blurred vision and decreased vision. Occipital headaches progressing to include his whole head, throbbing.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; History of migraine with aura that started after a fall and skull fracture in 1995. Multiple clavicular surgeries, neck pain, numbness and tingling in the RUE; There has been treatment or conservative therapy.; Headache, chronic neck pain, chronic RUE pain with numbness and tingling of the right hand; topiramate, tramadol

HISTORY OF T CELL LYMPOMA ON TOP OF HEAD , HEADACHES BLURRED VISION STATRED AFTER RADIATION TO HEAD; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Hypogomadism; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.

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.; N/A; It is not known if there has been any treatment or conservative therapy.; N/A

none; 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.

pt was told headaches due to monthly periods at the age of 13. Has taken several migraine meds and has been placed on meds to assist with menstrual onset before and after with no relief. pt on amerge at this time. does offer some relief but headaches are m; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; since age 13. was noted as being menstrual related. has continued and worsened; There has been treatment or conservative therapy.; headaches lasting over an hour and at least three times weekly. nausea, vomiting, sensitive to light; amerge pills for headaches. has been on several different migraine meds as well as otc meds with no relief
This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle 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.; 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.

This request is for 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.

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.

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.

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.

This request is for a Brain MRI; The study is 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

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.

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.

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.

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.

WORSENING HA; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

"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.

"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.

"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.

< 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.

; 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.; 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

follow up 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.

N/A; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Shortness of breath. History of lung disease. Smoker; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

The last chest CT was performed within the last 6 months.; There is no radiologic evidence of non-resolving pneumonia.; Pulmonary cryptococcosis - Asymptomatic but she has multiple nodules on her CT scan. Blood culture negative. Cryptococcal antigen was positive.; The patient is NOT 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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

Abnormal Chest Xray in our office shows possible infiltrate.; 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.

New patient referred by Dr. Wong to eval of afib and to discuss afib Ablation. He is on Coumadin and Amio. Pt reports that he was Dx'd in 2003 with Afib - had AF ablation at CCF 8/2011, says out of rhythm since. Now persistent - tried on sotalol, Tikosyn, a; 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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

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.

degeneration in the disc at L4-5; This study is being ordered for trauma or injury.; 12/2011; There has been treatment or conservative therapy.; radiating pain in the extremities; 02/2015

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; HA, vision issues and loss of consciousness; Meds ; This is a 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.

; This is a request for cervical 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.

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

; This study is being ordered for a neurological disorder.; Mr. Daggs was not clumsy in childhood and was able to run track in high school. He first noted 5 years ago that he was starting to lose balance, he had to hold on to things more. His first fall was about 3 years ago, initially possibly going up stairs or ; There has been treatment or conservative therapy.; ; Mr. Daggs was not clumsy in childhood and was able to run track in high school. He first noted 5 years ago that he was starting to lose balance, he had to hold on to things more. His first fall was about 3 years ago, initially possibly going up stairs or

; This study is being ordered for Congenital Anomaly.; SEEN IN CLINIC 9/28/15 UNDERGOING THERAPY AT SCHOOL FOR DIFFUSE WEAKNESS IN HANDS, WEAKNESS AND LACK OF ENDURANCE ISSUES. HE WAS DELAYED WALKING AT 17 MONTHS OLD AND WAS 2-3 YEARS BEFORE SPEAKING INTELLIGIBLE WORDS. THIS WAS HIS FIRST VISIT TO HABILITATIO; There has been treatment or conservative therapy.; DECREASED MUSCLE COORDINATION, HYPOTONIA, TREMORS.; PATIENT IS UNDERGOING THERAPY AT SCHOOL BUT HAS HAD NO PREVIOUS MEDICAL STUDIES, MRI, EMGS, NERVE CONDUCTION OR X RAYS.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Abnormal MRI of the brain 5/2014 with one lesion in the left parietal region.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pseudo-tumor cerebri initially diagnosed in 1996 during pregnancy for severe headaches. Re-diagnosed in 2011. Abnormal brain MRI, abnormal Lumbar puncture.; It is not known if there has been any treatment or conservative therapy.; Headaches, intermittent episodes of numbness, tingling and weakness of bilateral upper extremities. Hyper-reflexia

history of cervical disc disease; symptoms of pain left shoulder, neck, limited motion in neck continued to worsen with time; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

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

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.

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; 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.

This is a request for cervical 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.

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 answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/27/2014; There has been treatment or conservative therapy.; mbr has headaches and confusion speak problem and thoracic pain weakness and tingling in left side; medication for headache and PT and injection cervical infusion Medrol dose pack

; This study is being ordered for Congenital Anomaly.; SEEN IN CLINIC 9/28/15 UNDERGOING THERAPY AT SCHOOL FOR DIFFUSE WEAKNESS IN HANDS, WEAKNESS AND LACK OF ENDURANCE ISSUES. HE WAS DELAYED WALKING AT 17 MONTHS OLD AND WAS 2-3 YEARS BEFORE SPEAKING INTELLIGIBLE WORDS. THIS WAS HIS FIRST VISIT TO HABILITATIO; There has been treatment or conservative therapy.; DECREASED MUSCLE COORDINATION, HYPOTONIA, TREMORS.; PATIENT IS UNDERGOING THERAPY AT SCHOOL BUT HAS HAD NO PREVIOUS MEDICAL STUDIES, MRI, EMGS, NERVE CONDUCTION OR X RAYS.

pt is not improving with NSAIDs and 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.; 07-16-15; There has been treatment or conservative therapy.; She reports back pain. Reports pain is from the thoracic to the Lumbar Spine midline.; 6 weeks of physical therapy and NSAID therapy.

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 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.

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.

; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Patient is well known to me. He is in today for progressive low back pain that radiates to his left lateral/posterior leg. He has severe left L5/S1 and moderate right foraminal narrowing. He had a previous left L5/S1 disectomy. He has failed multiple con

; 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 having 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.

; 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 Congenital Anomaly.; SEEN IN CLINIC 9/28/15 UNDERGOING THERAPY AT SCHOOL FOR DIFFUSE WEAKNESS IN HANDS, WEAKNESS AND LACK OF ENDURANCE ISSUES. HE WAS DELAYED WALKING AT 17 MONTHS OLD AND WAS 2-3 YEARS BEFORE SPEAKING INTELLIGIBLE WORDS. THIS WAS HIS FIRST VISIT TO HABILITATIO; There has been treatment or conservative therapy.; DECREASED MUSCLE COORDINATION, HYPOTONIA, TREMORS.; PATIENT IS UNDERGOING THERAPY AT SCHOOL BUT HAS HAD NO PREVIOUS MEDICAL STUDIES, MRI, EMGS, NERVE CONDUCTION OR X RAYS.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

degeneration in the disc at L4-5; This study is being ordered for trauma or injury.; 12/2011; There has been treatment or conservative therapy.; radiating pain in the extremities; 02/2015

Mr. Masters has a lumbar fracture we need to rule out cervical and thoracic spine fractures as well.; This study is being ordered for trauma or injury.; 10/24/15; It is not known if there has been any treatment or conservative therapy.; back pain, neck pain, low back pain

Pain starts in the LS passage and then radiated to the left buttock, post thigh and the left leg and ankle. The left toes tingle. Has done treatment with chiropractor, message therapist, PT, did PT for more than 6 weeks, has steroid IM with no results; 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.

Physical Exam Findings: pt complaining of right middle back pain with right radicular pain into hip has failed chiropractic and physical therapy, back does not seem to be improving. Pain described as stabbing and worsening tender to palpation, decreased 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 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.

Pt has had continuous pain for 5 weeks, no relief from Chiropractor. He has neurological symptoms, abnormal reflex, and noted tenderness over the L5-S1 vertebra; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Pt has been having Low Back Pain x 5 weeks. he has been going to Chiropractor x 4 weeks. He has abnormal reflexes (unable to heel walk on his left foot); decreased range of motion, painful movements, Flexion restricted and painful.; Pt has noted tenderne

Pt is in constant pain, has even had back surgery. This study will help us determine the most effective treatment plan needed for patient's health and well being. .; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

pt is not improving with NSAIDs and 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.; 07-16-15; There has been treatment or conservative therapy.; She reports back pain. Reports pain is from the thoracic to the Lumbar Spine midline.; 6 weeks of physical therapy and NSAID therapy.

The MRI Lumbar Spine that was requested for dos 10/07/15 was denied and never done. Patient has since completed 6 weeks of physical therapy with Heber Baptist Health. &#xOD; Patient has low back pain radiating to her bilateral legs, worse on the right. Her Xra; 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.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

He was seen 3 months ago for pain in the right pelvis, groin and testicle. He had hernia repair on that side with similar symptoms. A scrotum ultrasound was ordered which was basically normal, just a trace hydrocele on the right. He was referred to ge; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

; 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

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 Pelvis MRI.; The study is being ordered for endometriosis.; A diagnosis of endometriosis been established.; The patient had a previous abnormal Ultrasound.

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.

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative 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.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;

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.

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.

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.

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.; Have tried conservative treatment for 10 days and the patient has not had any improvement of symptoms. Tenderness to palpitation and unable to lift laterally . Has been wearing sling and shows no improvement

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.

The requested study is a Shoulder MRI.; The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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.

; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.

; 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.

Mid-October began having (l) knee pain. 4 weeks of PT without relief of pain.; 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.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.

right achillis tendonitis. right ankle pain due to fall he had on July 2015. xrays showed a calcaneous fracture.; 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.

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.

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.

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.

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

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

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.

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.

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

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

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.

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?

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.; 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).

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?

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."

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a request for an 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.

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.

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

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.

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 is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.

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.

; 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

left upper quad 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

see attached clinicals. is post nephrectomy for the cancer..; 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.

Severe Ulcerative colitis, inflamed rectum and colon unable to pass endoscopy, 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
This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

46-year-old female with a history of depression, PTSD, cervical disk disease presents for re-evaluation of abdominal pain. She was initially seen approximately 1 month ago with a 2 week history of right upper quadrant pain radiating to the right lower qua; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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.

mild persistent RLQ pain radiates to back, elevated white count x 3 days, low grade temp of 99,WBC-14,00 R/O:APPENDICITIS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

patient came into office with severe right side back/flank pain and hematuria.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

Patient is a 35 y.o. female with left groin pain/tenderness referred to clinic for lipoma. No evidence of lipoma on physical exam; however, pt is very tender to palpation. -- Will obtain CT abd/pelvis to assess for possible inguinal hernia -- F/u pending; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.

Pt has hematuria with recurring UTI, bladder pain. Need 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 performed.; The results of the exam were abnormal.

Pt with history of and current Kidney Stones. Has flank pain and back pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

Reason for Study: evaluate for patient's ongoing pain and rule out enlarged liver, labs showed positive for hep c, Duration of Symptoms: Start: 08/03/2015 Physical Exam Findings: abdominal distention, nausea, vomiting, abdominal tenderness; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

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.

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.

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 a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases

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 new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

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

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.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

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;

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>

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; complaining of extreme abdominal pain, moderate tenderness in right and left Lower Quadrant.

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; Left kidney is absent on MRI

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 llq

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 is diabetic and having unexpected pain but not over 75

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 is in a lot of pain. Needing CT to rule out possible UTI/Kidney Stone

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

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

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

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 R/O metastases

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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."; NM Hida With EF NM150769947 10/02/2015 9:20 AM Wallace S Hoke, MD   Reason For Exam Nausea, vomiting      Report Final  EXAM: NM HIDA W EF CLINICAL: NAUSEA, VOMITING, Nausea with vomiting, unspecified COMPARISON None. TECHNICAL Patien

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.

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.; _____ CURRENT DIAGNOSES 1. Nonrheumatic aortic valve disorder, unspecified 2. Dilated cardiomyopathy 3. Supraventricular tachycardia 4. Atrial premature depolarization 5. Palpitations 6. Other chest pain 7. Chest pain; Yes, there is Chronic Chest Pain.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

; The patient is not diabetic.; The patient is less than 45 years old.; 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).

New patient referred by A. Simmons to eval afib. Pt is on ASA for stroke prevention. He reports that he thinks that he has had afib for a while. Pt reports that he feels a "quiver" every once in a while. Occasional dizziness.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

The patient is not diabetic.; The patient is less than 45 years old.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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's age is between 45 and 64.; The patient 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.

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.; N/A; It is not known if there has been any treatment or conservative therapy.; N/A

This is a request for a 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 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 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 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.

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.

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.

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.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

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.

; 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.

; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Elizabeth Ann Wilson is a 22 y.o. female patient with Goldenhar syndrome with resultant left craniofacial abnormalities and a left facial nerve weakness. She also has a history of extensive left cholesteatoma and underwent a modified radical mastoidectomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/07/2015; There has been treatment or conservative therapy.; Elizabeth Ann Wilson is a 22 y.o. female patient with Goldenhar syndrome with resultant left craniofacial abnormalities and a left facial nerve weakness. She also has a history of extensive left cholesteatoma and underwent a modified radical mastoidectomy;

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has 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.

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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

C/o sinus problems, she moved to the area 20 years ago and has had really bad allergies since then. She gets an allergy/steroid cocktail shot every 3 months and has for the last three to four years. She complains of significant nasal congestion, ears itch; 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)

Radiology Services Denied Not Medically Necessary

Enter answer here - pt was told headaches due to monthly periods at the age of 13. Has taken several migraine meds and has been placed on meds to assist with menstrual onset before and after with no relief. pt on amerge at this time. does offer some 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.; Enter date of initial onset here - since age 13. was noted as being menstrual related. has continued and worsened; There has been treatment or conservative therapy.; Describe primary symptoms here - headaches lasting over an hour and at least three times weekly. nausea, vomiting, sensitive to light.; Describe treatment / conservative therapy here - amerge pills for headaches. has been on several different migraine meds as well as otc meds with no relief

Radiology Services Denied Not Medically Necessary

Patient has had balance issues, problems with concentration, trouble verbalizing thoughts, and double vision for the last two weeks.; Hx of seizure disorder.; Hx of TIA'S; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; The results of the ultrasound are unknown.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has vision changes.

Radiology Services Denied Not Medically Necessary

Patient has had balance issues, problems with concentration, trouble verbalizing thoughts, and double vision for the last two weeks.; Hx of seizure disorder.; Hx of TIA'S; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; The results of the ultrasound are unknown.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has vision changes.

Radiology Services Denied Not Medically Necessary

Enter answer here - pt was told headaches due to monthly periods at the age of 13. Has taken several migraine meds and has been placed on meds to assist with menstrual onset before and after with no relief. pt on amerge at this time. does offer some 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.; Enter date of initial onset here - since age 13. was noted as being menstrual related. has continued and worsened; There has been treatment or conservative therapy.; Describe primary symptoms here - headaches lasting over an hour and at least three times weekly. nausea, vomiting, sensitive to light.; Describe treatment / conservative therapy here - amerge pills for headaches. has been on several different migraine meds as well as otc meds with no relief
Evaluation of patient with memory loss, loss of balance, and shortness of breath.; 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.

Radiology Services Denied Not Medically Necessary

Mr. Jackson is a 51 year old male with a history of neck pain and right occipital 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 are 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Mr. Johnson is a 41 year old male with a history of back and leg pain. His MRI shows degenerative changes. We talked about options. I will send him for pain management. He describes headaches as well. I will send him for an MRI and neurology. Thank you so; This 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).

Radiology Services Denied Not Medically Necessary

says his son was found have an epidermoid tumor in his brain and apparently he had a lot of nonspecific symptoms History of vague headaches, history of a lot of other nonspecific symptoms of the; 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)

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.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months. will fax; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

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 study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; Caller does not know how many follow-up Cervical Spine CTs the patient has had.

Radiology Services Denied Not Medically Necessary

Patient has experience persistent headache for 3+weeks with no relief with meds. No access to MRI only CT.; There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is not experiencing cervical neck pain not improving despite treatment.

Radiology Services Denied Not Medically Necessary

Patient has started slowly strengthening at last visit and would like to continue with plan of care as able.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Sept 2015; There has been treatment or conservative therapy.; back pain in the mid-line and bilaterally aching, burning, sharp stabbing quality.; Physical therapy, lumbar traction, NSAIDS.

Radiology Services Denied Not Medically Necessary

status post fusion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; September 2015; There has been treatment or conservative therapy.; back and leg pain;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

antalgic gain, restricted flexion of cervical spine, Biceps reflex normal (+2/4) thoracic spine tenderness, lumbar spine tenderness instability step-off; patellar reflexes (2+) bilaterally; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Timing: Patient is experiencing the problem at this time. Duration - more than 20 years; There has been treatment or conservative therapy.; back and neck pain and extremity pain; Injection therapy. ; Prescription medication; Physical therapy.

Radiology Services Denied Not Medically Necessary

Atrophy of pectoralis muscles on the right. Aura of headache blurred vision and decreased vision. Occipital headaches progressing to include his whole head, throbbing.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; History of migraine with aura that started after a fall and skull fracture in 1995. Multiple clavicular surgeries, neck pain, numbness and tingling in the RUE; There has been treatment or conservative therapy.; Headache, chronic neck pain, chronic RUE pain with numbness and tingling of the right hand; topiramate, tramadol

Radiology Services Denied Not Medically Necessary

Back pain, Neck pain.; Comments: Difficult to get a handle on her . She speaks mostly of pain. She states mostly it is in neck and back. She reports it has worsened over several months. She has made an appointment with a Neurosurgeon in Fayetteville. He w; This study is 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. Arthralgias ; It occurs constantly and is worsening. Location: mutiple sites. The pain is aching. Context: there is no injury. The pain is aggravated by movement. The pain is relieved by pain rx meds. Pertinent negatives include bruising, crepi; There has been treatment or conservative therapy.; BACK PAIN ; NECK PAIN; TRAMADOL AND PERCOCET

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.; neck pain radiating into shoulder, DDD

Radiology Services Denied Not Medically Necessary

Mr. Masters has a lumbar fracture we need to rule out cervical and thoracic spine fractures as well.; This study is being ordered for trauma or injury.; 10/24/15; It is not known if there has been any treatment or conservative therapy.; back pain, neck pain, low back pain

Radiology Services Denied Not Medically Necessary

Patient is here today as a new patient with lower back and neck pain for the past 3 years. She also reports BLU and BUE pain. She states she has N/T in her left hand. She reports that she started having neck pain in 2012 with no known etiology. The pain i; This study is being ordered for a neurological disorder.; 6/15/2012; There has been treatment or conservative therapy.; Patient is here today as a new patient with lower back and neck pain for the past 3 years. She also reports BLU and BUE pain. She states she has N/T in her left hand.; She has done physical therapy for both her neck and her back with in the last month. She reports that it did help some. She has tried muscle relaxants and they help some. She has also tried steroids dose pack and it helped temporarily. She did have some s

Radiology Services Denied Not Medically Necessary

s mild hyperreflexia on exam and she has a low lying conus in her lumbar spine; This study is being ordered for a neurological disorder.; 07-23-2014; There has been treatment or conservative therapy.; ; physical therapies and medications with 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.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several months ago; There has been treatment or conservative therapy.; back and left leg pain; prescription medication ; This study is being ordered for trauma or injury.; 10/1/15; There has been treatment or conservative therapy.; Pain is made worse by movement, he reports that it is difficult to bend and is affecting his ADL's.; pt has had xrays, 6weeks PT, and anti-inflammatory medication. Condition has worsened.

Radiology Services Denied Not Medically Necessary

antalgic gain, restricted flexion of cervical spine, Biceps reflex normal (+2/4) thoracic spine tenderness, lumbar spine tenderness instability step-off; patellar reflexes (2+) bilaterally; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Timing: Patient is experiencing the problem at this time. Duration - more than 20 years; There has been treatment or conservative therapy.; back and neck pain and extremity pain; Injection therapy. ; Prescription medication; Physical therapy.

Radiology Services Denied Not Medically Necessary

Mr. Masters has a lumbar fracture we need to rule out cervical and thoracic spine fractures as well.; This study is being ordered for trauma or injury.; 10/24/15; It is not known if there has been any treatment or conservative therapy.; back pain, neck pain, low back pain

Radiology Services Denied Not Medically Necessary

pt condition has worsened since starting 6 weeks 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.; 2-3 years ago; There has been treatment or conservative therapy.; Reports that it ranges in severity. Reports that pain is worse in the evening. Reports that activity makes the pain worse. Reports that rest makes the pain better. She has tried heat with some benefit. Reports that pain is a constant ache with stabbing pa; pt has taken Ibuprofen and tylenol and done 6 weeks physical therapy.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

s mild hyperreflexia on exam and she has a low lying conus in her lumbar spine; This study is being ordered for a neurological disorder.; 07-23-2014; There has been treatment or conservative therapy.; ; physical therapies and medications with relief

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.; Worsening pain. Associated stinging, aching and burning. Pain ix waxing and waining and worse as time goes on. Right sided tenderness and a T6 T7 dermaome , tapping on the back exacerbates the pain. Limited range of motion due to pain and muscle spasms . ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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

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.

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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.

Radiology Services Denied Not Medically Necessary

; This study is 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.; ;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several months ago; There has been treatment or conservative therapy.; back and left leg pain; prescription medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 10/1/15; There has been treatment or conservative therapy.; Pain is made worse by movement, he reports that it is difficult to bend and is affecting his ADL's.; pt has had xrays, 6weeks PT, and anti-inflammatory medication. Condition has worsened.

Radiology Services Denied Not Medically Necessary

antalgic gain, restricted flexion of cervical spine, Biceps reflex normal (+2/4) thoracic spine tenderness, lumbar spine tenderness instability step-off; patellar reflexes (2+) bilaterally; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Timing: Patient is experiencing the problem at this time. Duration - more than 20 years; There has been treatment or conservative therapy.; back and neck pain and extremity pain; Injection therapy. ; Prescription medication; Physical therapy.

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

Back pain, Neck pain.; Comments: Difficult to get a handle on her . She speaks mostly of pain. She states mostly it is in neck and back. She reports it has worsened over several months. She has made an appointment with a Neurosurgeon in Fayetteville. He w; This study is 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. Arthalgias .; It occurs constantly and is worsening. Location: mutiple sites. The pain is aching. Context: there is no injury. The pain is aggravated by movement. The pain is relieved by pain rx meds. Pertinent negatives include bruising, crepi; There has been treatment or conservative therapy.; BACK PAIN .; NECK PAIN; TRAMADOL AND PERCOCET

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In.; Unknown If No Info Given. .; Patient is having numbness in left leg, .; .; xray of spine showed degenerate change facet joints L4-L5 & L5-S1; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pain in upper and lower back, pressure in lower back, burning in feet and inside of lower legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pain involving: shoulder(s): bilateral, hip(s): bilateral, knee(s): bilateral, from osteoarthritis, and the neck and especially the low back from severe DDD and DJD of the cervical and lumbar spine : severity = severe, tolerable; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient has started slowly strengthening at last visit and would like to continue with plan of care as able.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Sept 2015; There has been treatment or conservative therapy.; back pain in the mid-line and bilaterally aching, burning, sharp stabbing quality.; Physical therapy, lumbar traction, NSAIDS.

Radiology Services Denied Not Medically Necessary

Patient is here today as a new patient with lower back and neck pain for the past 3 years. She also reports BLU and BUE pain. She states she has N/T in her left hand. She reports that she started having neck pain in 2012 with no known etiology. The pain i; This study is being ordered for a neurological disorder.; 6/15/2012; There has been treatment or conservative therapy.; Patient is here today as a new patient with lower back and neck pain for the past 3 years. She also reports BLU and BUE pain. She states she has N/T in her left hand.; She has done physical therapy for both her neck and her back with in the last month. She reports that it did help some. She has tried muscle relaxants and they help some. She has also tried steroids dose pack and it helped temporarily. She did have some s

Radiology Services Denied Not Medically Necessary

PREVIOUS PAGE; The study requested 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 LOW BACK PAIN. THIS IS NEW TO HER, SHE BENDS OVER WITH PAIN. SHE HAS HAD INJECTION WHICH DIDN'T HELP ALSO BEEN ON NSAIDS AND STEROIDS FOR PAIN WITH NO RELIEF; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

pt c/o lower back pain radiating to (r) thigh. c/o sharp shooting pain not relieved by NSAIDS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.

Radiology Services Denied Not Medically Necessary

pt condition has worsened since starting 6 weeks 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.; 2-3 years ago; There has been treatment or conservative therapy.; Reports that it ranges in severity. Reports that pain is worse in the evening. Reports that activity makes the pain worse. Reports that rest makes the pain better. She has tried heat with some benefit. Reports that pain is a constant ache with stabbing pa; pt has taken Ibuprofen and tylenol and done 6 weeks physical therapy.

Radiology Services Denied Not Medically Necessary

Pt requested; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

status post fusion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; September 2015; There has been treatment or conservative therapy.; back and leg pain;

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.; The patient has completed 6 weeks of physical therapy?

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

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

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

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 11/2/2015; There has been treatment or conservative therapy.; pain and knots in the wrist; medication

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.; October 12th 2015; There has been treatment or conservative therapy.; Extreme left shoulder pain, left hip pain, tenderness and weakness in the area and limited range of motion; Rehabilitative Therapy w/ no relief, activity modification, prescribed medication.

Radiology Services Denied Not Medically Necessary

; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.

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.;

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 complains of rt shoulder pain that gets worse when using her arm, hot showers and alcohol rubs help with the pain, pt had normal rt shoulder xray and history of carpel tunnel to right wrist

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient presents to clinic today with c/o right shoulder pain, worsening for the past 3 weeks. Patient states she initially felt a pop in her shoulder during the night. She did not have pain in her arm or shoulder after the pop, but it has been worsening

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 11/2/2015; There has been treatment or conservative therapy.; pain and knots in the wrist; medication

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 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.

Radiology Services Denied Not Medically Necessary

Left knee pain with popping and instability; 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.

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.; October 12th 2015; There has been treatment or conservative therapy.; Extreme left shoulder pain, left hip pain, tenderness and weakness in the area and limited range of motion; Rehabilitative Therapy w/ no relief, activity modification, prescribed medication.

Radiology Services Denied Not Medically Necessary

; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

Radiology Services Denied Not Medically Necessary

; This study is 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.; ;

Radiology Services Denied Not Medically Necessary

Elizabeth Ann Wilson is a 22 y.o. female patient with Goldenhar syndrome with resultant left craniofacial abnormalities and a left facial nerve weakness. She also has a history of extensive left cholesteatoma and underwent a modified radical mastoidectomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/07/2015; There has been treatment or conservative therapy.; Elizabeth Ann Wilson is a 22 y.o. female patient with Goldenhar syndrome with resultant left craniofacial abnormalities and a left facial nerve weakness. She also has a history of extensive left cholesteatoma and underwent a modified radical mastoidectomy;

Radiology Services Denied Not Medically Necessary

severs right upper quadrant pain with 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

Radiology Services Denied Not Medically Necessary

Elizabeth Ann Wilson is a 22 y.o. female patient with Goldenhar syndrome with resultant left craniofacial abnormalities and a left facial nerve weakness. She also has a history of extensive left cholesteatoma and underwent a modified radical mastoidectomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/07/2015; There has been treatment or conservative therapy.; Elizabeth Ann Wilson is a 22 y.o. female patient with Goldenhar syndrome with resultant left craniofacial abnormalities and a left facial nerve weakness. She also has a history of extensive left cholesteatoma and underwent a modified radical mastoidectomy;

Radiology Services Denied Not Medically Necessary

Elizabeth Ann Wilson is a 22 y.o. female patient with Goldenhar syndrome with resultant left craniofacial abnormalities and a left facial nerve weakness. She also has a history of extensive left cholesteatoma and underwent a modified radical mastoidectomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/07/2015; There has been treatment or conservative therapy.; Elizabeth Ann Wilson is a 22 y.o. female patient with Goldenhar syndrome with resultant left craniofacial abnormalities and a left facial nerve weakness. She also has a history of extensive left cholesteatoma and underwent a modified radical mastoidectomy;

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.

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.

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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

Elizabeth Ann Wilson is a 22 y.o. female patient with Goldenhar syndrome with resultant left craniofacial abnormalities and a left facial nerve weakness. She also has a history of extensive left cholesteatoma and underwent a modified radical mastoidectomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/07/2015; There has been treatment or conservative therapy.; Elizabeth Ann Wilson is a 22 y.o. female patient with Goldenhar syndrome with resultant left craniofacial abnormalities and a left facial nerve weakness. She also has a history of extensive left cholesteatoma and underwent a modified radical mastoidectomy;

Radiology Services Denied Not Medically Necessary

NAUSEA PERIUMBILICAL PAIN EPIGASTRIC PAIN FLATULENCE; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.

Radiology Services Denied Not Medically Necessary

Pt hurts when she coughs and sneezes in umbilical area. She states she has a knot near umbilical area, and it is more pronounced after she eats. She had a Lap. Chole in April 2015. Dr. Nawar could not feel anything, but her abdomen is obese so he needs th; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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.

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;

Radiology Services Denied Not Medically Necessary

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; organ enlargement from physical exam

Radiology Services Denied Not Medically Necessary

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; testicular swelling over 1 week

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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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

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

Radiology Services Denied Not Medically Necessary

chedule Cardiolute stress test, the patient has multiple risk factors for coronary disease including premature family history of coronary disease including CABG in 2 of her brothers, personal history of diabetes/hypertension / dyslipidemia /mild 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's age is between 45 and 64.; The patient 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.

Radiology Services Denied Not Medically Necessary

chest pain on exertion and shortness of breath; The patient is not diabetic.; The patient is less than 45 years old.; 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).

Radiology Services Denied Not Medically Necessary

follow up after stints; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.

This is 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."; The study is requested for headache.

This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently has cancer.; There is a recurrence or metastasis.; The study is requested for known or suspected brain tumor, mass or cancer.

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.

"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.

"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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. INTIAL STAGING FOR 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.

LUNG LESION; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

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 physician is not a hematologist/ oncologist.

Patient has dx of renal cell carcinoma. She had a right nephrectomy in September 2015. Scan is being done for surveillance and is being ordered by a urologist; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Patient was diagnosed with renal cell carcinoma in 2011. He had a nephrectomy at this time but has not been followed for metatstacic disease since; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient was recently diagnosed with prostate cancer. Scan is being done for initial staging and is being ordered by a urologist to determine 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 physician is not a hematologist/ oncologist.

patient was recently diagnosed with prostate cancer. Scan is being done to check for metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Primary malignant neoplasm of bladder - Stage I, grade II transitional cell carcinoma of bladder; 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 physician is not a hematologist/ oncologist.

Prostate Cancer / T2A Prostate Niglel at Left Apex/ elevated PSA (4.6) 8/11/2015 / family history Metastatic Prostate 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 physician is not a hematologist/ oncologist.

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.

SURVEILLANCE FOR TESTICULAR 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.

The patient has a diagnosis of adenocarcinoma of the right kidney. He underwent a nephrectomy in May 2014. Scan is being ordered by a urologist for periodic 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 physician is not a hematologist/ oncologist.

this pt is a known smoker has history of kidney cancer and pulmonary nodules. also this is f/u after tx; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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 physician is not a hematologist/ oncologist.

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

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

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

; 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.

pt has a groin mass that is not a hernia. He has had a scrotal ultrasound that was negative; 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.

pt has bladder pain; 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.

; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

1. Malignant Leydig cell tumor of testis; C62.90: Malignant neoplasm of unspecified testis, unspecified whether descended or undescended; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Abnormal CT, and abnormal ultrasound; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

patient has an elevated PSA; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Prostate cancer; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

pt had prostate bx elevated PSA; 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.

pt has large mass found on CT in 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.; 11/09/2015; It is not known if there has been any treatment or conservative therapy.; unknown

R/O DISEASE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?
unknown; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

history of renal cell cancer , cyst on kidney; This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.

LIVER LESION; 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

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
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.

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.

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.

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.

< 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. ; This is a request for an abdomen-pelvis 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.

56 y.o. female with solid nearly 5 cms adrenal mass, clinically inactive. Pt had nephrolithiasis in June and underwent a CT of abdomen and pelvis where a uterine mass was discovered as an incidental finding. Recent US shows 2 fibroids with the largest me; 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.

Benign essential microscopic hematuria (R31.1). negative cystoscopy. Negative hematuria profile. The patient had the following test(s) completed today URINALYSIS 12/02/2015.  Other microscopic hematuria (R31.2). reschedule hematuria CT series. Ret; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

blood in urine, enlarged prostate; This is a request for an abdomen-pelvis CT combination.; This study is being 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.

GROSS HEMATURIA AND RECURRENT UTI; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.

GROSS HEMATURIA; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.

kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.

left flank pain, rule out stones; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.

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 physician is not a hematologist/ oncologist.

New patient visit evaluation for some left-sided pain for the past week. she has been on antibiotics Levaquin 250 milligrams daily. She has had some improvement. Reportedly with blood in the urine. Urinalysis today is does show red blood cells too numero; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

Patient has dx of renal cell carcinoma. She had a right nephrectomy in September 2015. Scan is being done for surveillance and is being ordered by a urologist; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Patient was diagnosed with renal cell carcinoma in 2011. He had a nephrectomy at this time but has not been followed for metastatic disease since; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

patient was recently diagnosed with prostate cancer. Scan is being done to check for metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Primary malignant neoplasm of bladder - Stage I, grade II transitional cell carcinoma of bladder; 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 physician is not a hematologist/ oncologist.

Prostate Cancer / T2A Prostate Niglel at Left Apex/ elevated PSA (4.6) 8/11/2015 / family history Metastatic Prostate 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 physician is not a hematologist/ oncologist.

Pt has cancer; 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.

Pt has chronic cystitis, and flank pain and kidney stone seen in previous imaging; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

PT HAS KIDNEY STONE AND FLANK PAIN; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Pt has 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.

pt has known 6mm left distal stone on ct on 08/2015 and we need a follow up ct.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.

results of the ULTRA found a mass in the kidney; This is a request for an abdomen-pelvis 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.

The patient has a diagnosis of adenocarcinoma of the right kidney. He underwent a nephrectomy in May 2014. Scan is being ordered by a urologist for periodic 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 physician is not a hematologist/ oncologist.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.

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.

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.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.

This is a request for an abdomen-pelvis 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.

This is a request for an abdomen-pelvis 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.

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.

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

This is a request for an abdomen-pelvis CT combination.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; scrotal pain and swelling. History of bilateral varicocele surgery in 2014 and 2015

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 a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

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.

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.

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

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; post robotic right partial nephrectomy for clear cell carcinoma, abdomen pain radiating down her right flank UPJ stone at in part right side urinoma small leak follow following the surgery place a foley for help w/drainage

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

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>

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

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; BILATERAL HYDRONEPHROSIS

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 is diabetic, has unexplained abdominal pain

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 underwent lithotripsy on 9/3/15. He has a followup CT scan on 9/9/15 that showed a right perinephric hematoma with active bleeding. He was admitted to the hospital and underwent surgical intervention. Scan is being ordered to evaluate status of he

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

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

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

This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone

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

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

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 R/O metastases

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 R/O metastases

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 abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

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 a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases

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 an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

this pt is a known smoker has history of kidney cancer and pulmonary nodules. also this is f/u after tx; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Unknown; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the hematuria is not known.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.

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 physician is not a hematologist/ oncologist.

urinalysis was positive for leukocytes; 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.

1. Malignant Leydig cell tumor of testis; C62.90: Malignant neoplasm of unspecified testis, unspecified whether descended or undescended; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Abnormal CT, and abnormal ultrasound; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

CT 7/1/15 f/u for Renal lesion, left flank pain and tenderness; 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.

pt has large mass found on CT in 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.; 11/09/2015; It is not known if there has been any treatment or conservative therapy.; unknown

R/O DISEASE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Suspicious Renal Mass.; 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.

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the study is for follow up or staging.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.

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."; . Cystic disease of kidney - Suspected complex cyst: 32 mm increased from 21 mm in one year.

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 - Left, almost 5-6 cm, central-mid suspicious for renal cancer

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."; 56 year old male patient with elevated PSA and family hx of prostate cancer.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; further diagnose the mass

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."; Lesion of liver -

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 came in to doctors office, the CT spotted something that the doctor wanted to have checked out. They had a large amount of blood in urinalysis. A lesion was spotted on their liver.

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."; Primary malignant neoplasm of bladder - Invasive carcinoma with squamous features C67.9: Malignant neoplasm of bladder, unspecified

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 by caller.

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 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.

58 y/o African American Patient has been diagnosed with prostate cancer. PSA 5.50, Gleason score- 6. Scan to be done for initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

he has prostate cancer and needs to do cancer 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 physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Known kidney cancer, test to see if metastasis to spine; The study requested is a Lumbar Spine MRI.; Known Tumor with or without metastasis; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.; The patient has not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

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 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. ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.

Radiology Services Denied Not Medically Necessary

; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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.

Radiology Services Denied Not Medically Necessary

58 y/o African American Patient has been diagnosed with prostate cancer. PSA 5.50, Gleason score- 6. Scan to be done for initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

he has prostate cancer and needs to do cancer 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 physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Patient was recently diagnosed with prostate cancer. Scan is being done for initial staging and is being ordered by a urologist to determine 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 physician is not a hematologist/ oncologist.

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; CHRONIC PELVIC PAIN

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 is having recurrent urinary tract infections for over 6 months. Infections are made worse with sexual activity. She has been through several courses of antibiotics with no improvement

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; URINARY INCONTINENCE

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

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

Radiology Services Denied Not Medically Necessary

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; Patient's kidney has been removed this is for a follow for a previous cancer that was malignant and there is no metastasis in that area

Radiology Services Denied Not Medically Necessary

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 R/O metastases 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 did not have a amylase or lipase lab test.

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 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.

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; Unknown if a nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.

Yes, this is a request for CT Angiography of the Neck.

Repeat CT of chest 10.4 nodule seen on the previous CT 8/5.; "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.

follow up to make sure aneurysm has not returned; This study is being ordered for Vascular Disease.; 2/2012; There has not been any treatment or conservative therapy.; asymptomatic

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.

follow up to make sure aneurysm has not returned; This study is being ordered for Vascular Disease.; 2/2012; There has not been any treatment or conservative therapy.; asymptomatic

This is a request for CT Angiography of the Abdomen and Pelvis.

This is a request for an abdomen-pelvis CT combination.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; BULGING, SEVERE PAIN IN RIGHT UPPER QUADRANT, NAUSEA SENSATION IN THE CENTRAL ABDOMEN, CHRONIC CONSTIPATION, ACCESS FOR HERNIA

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 CT Angiography of the abdominal arteries.

The Pt has hypertension, 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's age is between 45 and 64.; The patient 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.

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