

Period	PeriodStart	PeriodEnd	spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count	Year	Quarter
1/1/2020 - 3/31/2020	1/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		Pt had sudden onset of headache, persistent for several weeks, medications have not helped.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	William C Brown is a 22 y.o. male who presents to clinic with new onset of headaches.;Hit the front of his head on a wall 2 weeks ago in his dorm room in his sleep. He started having a HA the next week. No visual changes, n/v. His head hurts in the fr; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear;	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear;	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear;	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Giv Abnormal imaging; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	LOSS OF CONSCIOUSNESS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Migraine: She states she is having severe migraines, has had 3 since Feb 19th, lasting for 3 hrs up to 2 days. radiates back of head the to top of head, head is throbbing, feels like brain is getting too big for head trying to bust out, seeing white spots; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	nausea/trouble sleeping,night sweats,pain in her left arm, visual disturbances including shadows and movement. She failed her peripheral vision test with her eye doctor and told to follow up a few months later and discuss having a brain MRI. When she get; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has been having headaches since 16 years old. No previous imaging; headaches waking him from sleep; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient presents to clinic today with c/o right occipital pain that comes and goes for several months, but more consistent the last 3 days. She has taken Ibuprofen and ASA without any relief. Patient reports that the pain increase after she lays down. She; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Pt has lung cancer; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has hearing loss.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	will fax; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	CT Chest wo Contrast on 11.19.2019;Impression: ;1. Stable right upper lobe pulmonary nodule.;2. Developing small cavitory structure in the right lower lobe and a;follow-up CT scan would be recommended in 3-6 months.;3. Slightly lobulated contour to t; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	DOE, coughing and wheezing,; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	interstice prominence in the right lower lobe; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Patient had 2 abnormal chest x rays and strong family history of cancer.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary central hila; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	staging Invasive ductal carcinoma right breast; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Will fax clinical.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Will FAX; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	He continues to take his previously RX Flexeril, Medrol, and Suboxone as through pain management with little improvement of his pain..; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Clinicals faxed; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Neck pain, chronic, xray bone or disc margin destruction, Radiculopathy, prior ACDF; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bil arm tingling with left arm numbness and weakness that comes and goes. She has had 2 prior ACDFs. This new symptom just started within the last week.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	PT IS NEEDING MRI'S DONE AS THEY HAVE NOT BEEN DONE PREVIOUSLY, AND TO SEE THE PATHOLOGY THAT IS CAUSING SUCH PAIN THE PATIENT IS EXPERIENCING.; This study is being 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.; INCREASED LOWER AND MID BACK PAIN.; MEDICATION: NSAIDS/OPIOIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Back pain, prior surgery, new or progressive sx; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested 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 movement and spasms, decrease limited lumbar motion, pain on extension and rotation.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has been on Backdicofenac since Feb 2020 no improvement has had injection thereopy that did not work; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient is having sciatica; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; in both lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PATIENT'S BACK PAIN IS INCREASING RADIATING DOWN HIS LEGS. HIS POSTURE IS SLIGHTLY BENT FORWARD DUE TO IT BEING THE MOST COMFORTABLE POSITION. HE IS UNABLE TO FLEX OR BEND DUE TO INCREASED PAIN.; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt has had these symptoms for 8 months. She has tried anti inflammatories, pain management with steroid injections, physical therapy without relief. Symptoms are progressing with pain in lower back and leg.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt having pain down right lower extremity; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PT IS NEEDING MRI'S DONE AS THEY HAVE NOT BEEN DONE PREVIOUSLY, AND TO SEE THE PATHOLOGY THAT IS CAUSING SUCH PAIN THE PATIENT IS EXPERIENCING.; This study is being 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.; INCREASED LOWER AND MID BACK PAIN.; MEDICATION: NSAIDS/OPIOIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.; TRAMADOL (CURRENT);ROBAXIN;HYDROCODONE ;GABAPENTIN;TIZANIDINE	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Weakness, paresthesia, patient also had a nerve conduction study which showed a radiculopathic axon loss process accross the L2-S1 nerve roots on the right or the left.Physician would like MRI in order to determine course of tratment. Patient is on gabape; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of bilateral extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PATIENT HAS HAD PHYSICAL THERAPY WITH LITTLE TO NO CHANGE AND HAS HAD INJECTIONS. MRI IS REQUESTED TO TRY AND FIND WHAT IS CAUSING THE PAIN.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Chronic pain with no known injury. Limited and painful range of motion. Has tried and failed conservative therapy. Xray done in clinic, showing L AC Hypertrophy and no fractures.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home exerise, with little improvement; gobepetein; The patient received medication other than joint injections(s) or oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	LOOKING FOR ROTATOR CUFF TEAR; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; NOT ANY BETTER AFTER TX X4 WEEKSHANDS ARE GOING NUMB; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Unknown; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	unknown; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	Would like study due to ground-glass lesion and to see it's pathology.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Prior to 2005. Patient had knee surgery in 2005.; There has been treatment or conservative therapy.; TRICOMPARTMENTAL BILAT KNEE OSTEOARTHRITIS, INDETERMINATE GROUND-GLASS LESION W/ PERIPHERAL LUCENCY IN THE ANTERIOR PROXIMAL TIBIAL DIAPHYSIS ON THE RIGHT.; She has taken medication for the pain and has completed physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	r/o osteomyelitis; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Routine follow-up suffering pain in right knee. She states hyperextending her knee with severe pain and swelling but reports moderate improvement with ice.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; Surgery is NOT being planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	PT HAS NEW SUDDEN ONSET OF LEFT HIP PAIN. PT HAD UNDERGONE SURGERY ON HIS RIGHT HIP PREVIOUSLY. HIS LEFT HIP PAIN IS CAUSING HIM TO HAVE COMPLICATIONS IN GETTING AROUND.; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	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 >2017; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >medication, wound care, compression stockings; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	none; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal: Bowel sounds are normal. She exhibits no mass. There is abdominal tenderness in the left lower quadrant. There is rigidity and guarding; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal: Bowel sounds are normal. She exhibits no mass. There is abdominal tenderness in the left lower quadrant. There is rigidity 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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Clinical Information;History / Dx:CHROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER;COMPLICATION;History / Dx: NAUSEA;History / Dx: ABDOMINAL PAIN;Duration of Symptoms:Start: 03/03/2020;Physical Exam Findings:: ABD PAIN, CRAMPING, NAUSE; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Clinical Information;History / Dx:CHROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER;COMPLICATION;History / Dx: NAUSEA;History / Dx: ABDOMINAL PAIN;Duration of Symptoms:Start: 03/03/2020;Physical Exam Findings:: ABD PAIN, CRAMPING, NAUSE; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ct of the chest showed renal mass, on 02/21/2020; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ct of the chest showed renal mass, on 02/21/2020; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer h Patient has blood in urine and has a history of cervical cancer and fever ere - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer h Patient has blood in urine and has a history of cervical cancer and fever ere - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	low ABD pain, bilateral back pain, and slight dysuria. Pt reports that he has had kidney stones in the past. Pt is unable to void today in clinic, no visible blood in urine at home, testicular pain.PSA in October was normal. APRN would like CT in order to; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	low ABD pain, bilateral back pain, and slight dysuria. Pt reports that he has had kidney stones in the past. Pt is unable to void today in clinic, no visible blood in urine at home, testicular pain.PSA in October was normal. APRN would like CT in order to; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had flank pain and abdominal pain for 3 weeks. Patient had renal ultrasound that was normal. Patient still complains with pain with no relief.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had flank pain and abdominal pain for 3 weeks. Patient had renal ultrasound that was normal. Patient still complains with pain with no relief.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt came in for abd pain and called less than a week later saying the pain was getting worse.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt came in for abd pain and called less than a week later saying the pain was getting worse.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt is having abdominal pain, tenderness, constipation, and unexplained weight loss; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt is having abdominal pain, tenderness, constipation, and unexplained weight loss; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	staging Invasive ductal carcinoma right breast; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ha elevated liver enzymes. Pt has tenderness in upper right quad. Elevated white blood count, fever. 10 lb wqeight loss in 14 days. slight change in skin tone; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The results of the ultrasound are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ha elevated liver enzymes. Pt has tenderness in upper right quad. Elevated white blood count, fever. 10 lb wqeight loss in 14 days. slight change in skin tone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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 results of the ultrasound are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	to rule out kidney stones or appendicitis; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	to rule out kidney stones or appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	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 >2017; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >medication, wound care, compression stockings; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	He was recently seen at SVI in LR for abdominal pain and was felt to have a colon mass. He apparently has an appointment next week with a surgeon. He has been taken off of his warfarin. He is needing surgical clearance for 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.; unknown; There has been treatment or conservative therapy.; increase shortness of breath; medication-- coumadin; patient has an upcoming surgery so he is off the coumadin. he is needing clearance for surgery related to a colon mass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Patient has a history with cabbage, chest pain, shortness of breath and a history of atrial fib.; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	He was recently seen at SVI in LR for abdominal pain and was felt to have a colon mass. He apparently has an appointment next week with a surgeon. He has been taken off of his warfarin. He is needing surgical clearance for 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.; unknown; There has been treatment or conservative therapy.; increase shortness of breath; medication--coumadin; patient has an upcoming surgery so he is off the coumadin. he is needing clearance for surgery related to a colon mass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Headache, acute, normal neuro exam;recurring sinusitis, dizziness; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is able to have a Brain MRI for evaluation of these symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is experiencing vision disturbances, vision is blurred; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; one week ago; There has not been any treatment or conservative therapy.; eye pain, blurred vision, sensitivity to light, headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	h/o seizure, falls, poor balance.She is having occasional clumsiness, endorses near fall (no actual falls)and dropping things. These occurred more frequently as of late. She feels like she has poor balance, and is going to fall backwards. We can obtain M; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 3/17/2020; There has not been any treatment or conservative therapy.; neck pain. gait disturbance. memory and balance issue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Establish problems with HA and confusion with concentration problems since June 2018.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	evaluation of trigeminal neuralgia/headache?? The pain on the R side of her face started in 2017 while she was driving. She was then in a MVA in October 2017 - head on collision. she sustained pelvic and wrist fractures with LOC.has had 4-8 episodes of t; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	HAs for over year, getting worse, vision changes and ringing in ears, has been sent to neurology, has tried medication, not getting any relief.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	HEADACHE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; one week ago; There has not been any treatment or conservative therapy.; eye pain, blurred vision, sensitivity to light, headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal chest x-ray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Numbness and tingling of Arm; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Ms. Evans has radicular pain RUQ with shooting pain into right lateral ribs. Movement makes it worse. Started two years ago but has worsen two months ago She had a X-ray of the T-Spine on December 9, 2019.; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; PREDNISONE ;IBUPROFEN;Duexis	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral arm numbness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle strength in left is weaker the muscle strength in right; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for 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.; pain in spine	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 3/17/2020; There has not been any treatment or conservative therapy.; neck pain. gait disturbance. memory and balance issue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	limited range of motion,pain with range of motion,tenderness with light palpitation of right side of neck,shoulder and down arm 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.; 1/9/20; There has been treatment or conservative therapy.; neck pain, limited range of motion, pain with movement; NSAIDS, musle relaxers,rest, heat and ice;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain x 2 weeks. Pt states he lifted a heavy object at work and had immediate pain with decreased ROM of neck. Pt states that pain is present to midline of cervical spine, radiates occasionally to the right anterior and posterior shoulder with sharp p; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; 6 months ago; There has been treatment or conservative therapy.; weakness back pain, difficulty walking, aches.; injections, pain management.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS NOT HAD MRI'S SINCE 2018 AND HAS WORSENING SYMPTOMS AND PAIN WITH HIS NECK AND BACK. NEED CURRENT MRI'S COMPLETED TO SEE IF ANY NEW PATHOLOGY HAS OCCURED TO CAUSE THE WORSENING PAIN. IN 2018 DURING HIS PREVIOUS MRI'S, THEY SHOWED L4-5 FORAMINA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; NECK AND MID TO LOWER BACK PAIN THAT RADIATES INTO BOTH ARMS AND HANDS. THE LOWER BACK PAIN ALSO RADIATES TO HIS HIPS.; PATIENT HAS COMPLETED 6 WEEKS OF PHYSICAL THERAPY APPROXIMATELY 3 WEEKS AGO.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had neck pain for years, worsening over the past few months. She has been doing physical therapy for the past 5 weeks but the therapist has sent a letter stating therapy is not helping at all and pain is continuing to worsen; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Grip strength and shoulder strength significantly diminished on exam; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Shoulder: right, limited range of motion secondary to pain, tender bicipital groove.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; December 2019; There has been treatment or conservative therapy.; c/o Shoulder pain right, worse with movement, worse with overhead activities, anterior, lateral, aggravated by sleeping on the same side, awakens from sleep, radiates down to the arm. Denies : Direct trauma. Denies Tingling/numbness. She states her right; Muscle relaxers, pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2019; There has been treatment or conservative therapy.; phantom limb painlower back pain radiculopathy neck pain; infeds medications surgery amputation of R legpre eval for pre surgery PT did not help; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; weakness bilaterally to the arms, pain, numbness and tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; The Pt is unable to squeeze, weakness in hands; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; PT/ PAIN MGT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This 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.; on left foot and leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has burning/tingling in his thoracic spine from several falls. Previous pathology in L-Spine.; This is a request for a thoracic 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.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has hyperalgesia from T8 to L1; She stays flexed over with difficulty to stand straight. When palpated from T8 to L1, she would jump.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is unknown if there is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS NOT HAD MRI'S SINCE 2018 AND HAS WORSENING SYMPTOMS AND PAIN WITH HIS NECK AND BACK. NEED CURRENT MRI'S COMPLETED TO SEE IF ANY NEW PATHOLOGY HAS OCCURED TO CAUSE THE WORSENING PAIN. IN 2018 DURING HIS PREVIOUS MRI'S, THEY SHOWED L4-5 FORAMINA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; NECK AND MID TO LOWER BACK PAIN THAT RADIATES INTO BOTH ARMS AND HANDS. THE LOWER BACK PAIN ALSO RADIATES TO HIS HIPS.; PATIENT HAS COMPLETED 6 WEEKS OF PHYSICAL THERAPY APPROXIMATELY 3 WEEKS AGO.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	TO FIND PATHOLOGY OF WHAT IS CAUSING PAIN AT THE SITES LISTED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SPRING 2018; There has been treatment or conservative therapy.; INCREASED AND WORSENING PAIN IN THORACIC AND LUMBAR SPINE. BRUISING AT SITES WITH SWOLLEN NODULES ALONG SPINE.; STEROID INJECTIONS;MEDICATIONS;SURGERY;PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; extremities. However, in getting up from the chair to be examined, he struggled going from sitting to standing position. He never did stand totally straight. He was bent forward. He could not flex or extend his spine due to pain. On the left, the straight; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; there were no change in symptoms after the home exercise; norco and steroid injections	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; PT/ PAIN MGT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Document exam findings>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; Lower back with pain and muscle spasms, mid back pain. Pain in the left shoulder; Physical Therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; 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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; didn't work last 6 weeks	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Fax addtl clinicals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	History of Present Illness;Mrs. Fitzgerald is a pleasant 48 y/o who presents today in clinic for a post procedure;f/u visit. She is post LMBR (L2-S1) which she reports significant relief. She does c/o;occasional instability and relies on a straight can; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Intense radiating back pain. Pain radiates down bilateral lower extremities. Muscle cramping and weakness that has not improved over a 5 day period.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle cramping and weakness in back of bilateral lower extremities that is worse with ambulation and standing.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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.; 6 months ago; There has been treatment or conservative therapy.; weakness back pain, difficulty walking, aches.; injections, pain management.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain radiating down both legs, worse when sitting, standing or walking for too long; The study requested 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 weakness and reflexes; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has chronic low back pain, who has increased weakness. He has had more than 6 weeks of conservative treatment with no improvement. He has been placed on anti-inflammatory medications for more than 8 weeks with no improvement.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has increased weakness in his low back upon exam.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS NOT HAD MRI'S SINCE 2018 AND HAS WORSENING SYMPTOMS AND PAIN WITH HIS NECK AND BACK. NEED CURRENT MRI'S COMPLETED TO SEE IF ANY NEW PATHOLOGY HAS OCCURED TO CAUSE THE WORSENING PAIN. IN 2018 DURING HIS PREVIOUS MRI'S, THEY SHOWED L4-5 FORAMINA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; NECK AND MID TO LOWER BACK PAIN THAT RADIATES INTO BOTH ARMS AND HANDS. THE LOWER BACK PAIN ALSO RADIATES TO HIS HIPS.; PATIENT HAS COMPLETED 6 WEEKS OF PHYSICAL THERAPY APPROXIMATELY 3 WEEKS AGO.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Persistent back pain that started 15 months ago and has not gotten any better.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Right anterior leg numbness present since November, it has not gotten any better. She has some low back pain as well that travels up to the back. She had some hematuria yesterday.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	see attached OV and Xray; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2019; There has been treatment or conservative therapy.; phantom limb painlower back pain radiculopathy neck pain; infeds medications surgery amputation of R legpre eval for pre surgery PT did not help; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	TO FIND PATHOLOGY OF WHAT IS CAUSING PAIN AT THE SITES LISTED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SPRING 2018; There has been treatment or conservative therapy.; INCREASED AND WORSENING PAIN IN THORACIC AND LUMBAR SPINE. BRUISING AT SITES WITH SWOLLEN NODULES ALONG SPINE.; STEROID INJECTIONS;MEDICATIONS;SURGERY;PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	WE HAVE AN XRAY OF HER LOWER BACK BUT NO MRI. WE ARE NEEDING AN MRI TO SHOW THE PATHOLOGY OF WHAT IS CAUSING HER PAIN.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; Lower back with pain and muscle spasms, mid back pain. Pain in the left shoulder; Physical Therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	limited range of motion,pain with range of motion,tenderness with light palpitation of right side of neck,shoulder and down arm 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.; 1/9/20; There has been treatment or conservative therapy.; neck pain, limited range of motion, pain with movement; NSAIDS, musle relaxers,rest, heat and ice.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient history of rotator surgery. Pain taking inseds and heating and stretching w/little improvement. Patient has tried injections.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient was in a 4 wheeler accident and he is unable to bear any weight on his leg and can not move his shoulder; This study is being ordered for trauma or injury.; 2/26/2020; There has not been any treatment or conservative therapy.; Can not bear weight and has trouble with movement in the shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	seen on 1/2 on exam noted decrease range of motion, tenderness. Seen again 3/17 w limited extension, decrease range of motion. Could not move past 45 degrees dues to pain.; 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder: right, limited range of motion secondary to pain, tender bicipital groove.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; December 2019; There has been treatment or conservative therapy.; c/o Shoulder pain right, worse with movement, worse with overhead activities, anterior, lateral, aggravated by sleeping on the same side, awakens from sleep, radiates down to the arm. Denies : Direct trauma. Denies Tingling/numbness. She states her right; Muscle relaxers, pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is unknown if surgery is planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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 >2017; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >medication, wound care, compression stockings; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient was in a 4 wheeler accident and he is unable to bear any weight on his leg and can not move his shoulder; This study is being ordered for trauma or injury.; 2/26/2020; There has not been any treatment or conservative therapy.; Can not bear weight and has trouble with movement in the shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	Right ankle pain x1 week. Severe pain and cannot move ankle. Pt is unable to bear weight. Pain has not improved. Right ankle is edematous, TTP along the lateral malleolus, pt is unable to flex or rotate joint.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Xray done in clinic showing bilateral medial compartment with significant joint space narrowing, significant degenerative joint disease bilaterally, and patellar spurring 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.; 2/6/2020; There has been treatment or conservative therapy.; Bilateral knee pain, sudden onset. No known trauma. Patient knees have given way, popped, and been swollen. She has had difficulty walking and rising from a chair.; Started on Tramadol PRN and Xray done in clinic. Unable to take NSAIDS due to impaired renal function.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	Radiology Services Denied Not Medically Necessary	femoral acetabular impingement.....catching and locking in hip; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	edema, history of kidney stones;; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	edema, history 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 acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	hematuria and right flank 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 week ago; There has not been any treatment or conservative therapy.; blood in urine and right flank pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Karen has come in today with c/o blood in the stool, clots with rectal bleeding and pain intermittently x 3 months, abd pain, bloating, chronic constipation and takes Doculax daily. No fever.;Gastrointestinal: Positive for abdominal pain, anal bleeding, ; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Karen has come in today with c/o blood in the stool, clots with rectal bleeding and pain intermittently x 3 months, abd pain, bloating, chronic constipation and takes Doculax daily. No fever.;Gastrointestinal: Positive for abdominal pain, anal bleeding, ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	MASS LEFT ABDOMEN LEFT LOWER QUADRANT TO LATERAL SIDE; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	MASS LEFT ABDOMEN LEFT LOWER QUADRANT TO LATERAL SIDE; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has hypertension and family history of prostate cancer.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has hypertension and family history of prostate cancer.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	STAT req - Faxing/ Uploading addtl clinicals after call if needed; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	STAT req - Faxing/ Uploading addtl clinicals after call if needed; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Radiology Services Denied Not Medically Necessary	This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral density study within the past 23 months.; This patient does not have a clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is not a repeat study due to a change in treatment or a change in symptoms of osteoporosis.; The patient is post-menopausal or estrogen deficient.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	Clayton E Mellen is a 68 y.o. male here for ER follow up for left sided chest pain. States no known Triggers. Some SOB and DOE. This is not new. Labs and imaging from ER were good. Some pain with movement but denies falls or injuries. Has known CAD.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Allergy & Immunology	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	NECK PAINLOW 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.; 01-1-2019; There has been treatment or conservative therapy.; NECK PAIN; NSAIDSMEDSSURGERYEPIDURAL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material	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.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	NECK PAINLOW 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.; 01-1-2019; There has been treatment or conservative therapy.; NECK PAIN; NSAIDSMEDSSURGERYEPIDURAL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is 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.; BicepsRight 2+ Left 2+ ;TricepsRight 2+ Left 2+ ;BrachioradialisRight 1+ Left 3+;Knee JerksRight 2+ Left 2+ ;Ankle JerksRight 2+ Left 2+	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2013; There has not been any treatment or conservative therapy.; Pain Details: The patient presents today for follow up. They report continued chronic;pain limiting daily function and enjoyment of life. Denies any side effects from their;medications at this time. The current treatment plan helps the patient remain;f; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	15+ years of whiplash; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Mr. Lawrence Cromwell, a 67 year 7 moth old patient reports pain as high as 8/10 and decreases to 5-6/10 with hydrocodone and robaxin lasting 3-4 hrs. Pt reports pain med wears off during the night and he starts hurting causing him to not sleep. ;;Cervi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	13 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-3-2016; There has been treatment or conservative therapy.; chronic back pain, burning, cramping, numbing, back radiates to bilateral extremities; physical therapy, medications, injections, home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient complains of ache/pain in Mi-low back. The pain is aching, sharp, shooting and throbbing. Numbness in the RLE. At it's worse his pain is 10/10, at it's least 6/10. ;;Ordering Thoracic and Lumbar MRI to rule out Herniated nucleus pulposis, sp; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Thoracic Spine MRI was not performed within the past two weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient rates her pain 3/10 at best and 9/10 at worst. She describes her pain as aching, stabbing, throbbing, and shocking. Her pain is constantly present and interferes with her daily activities most of the time. Standing, pain medication, and hot tr; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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.; AMITRIPYLINE;DICLOTENAC SODIUM;TIZANIDINE;HYDROCODONE	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for a neurological disorder.; 12/26/19; There has been treatment or conservative therapy.; BACK PAIN, SHOULDER PAIN, TINGLING, AND WEAKNESS; MEDICATION, INJECTIONS, HOME EXERCISE, AND PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness, scoliosis, disc height loss; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain bilateral legs and feet numbness in feet tingling in legs. peripheral neuropathic pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-3-2016; There has been treatment or conservative therapy.; chronic back pain, burning, cramping, numbing, back radiates to bilateral extremities; physical therapy, medications, injections, home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax 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.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Having more lumbar radicular pain that is associated with claudications , will order an MRI of the lumbar spine to evaluate.; The study requested 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 was unable to do heel walk.;The patient was unable to do toe walk.;Left LE strength -Flexors: 4/5. ;Left LE strength - Extensors: 4/5.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	He is having the continued right leg pain. He has some sensorimotor change on the right leg compared to the left leg. We will therefore need an MRI to assess. ;;He might benefit from a right sided lumbar tfesi.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He is having the continued right leg pain. He has some sensorimotor change on the right leg compared to the left leg. We will therefore need an MRI to assess. ;;He might benefit from a right sided lumbar tfesi.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	HOMe exercise program prescribed 3-4-20; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; Insets, Nerve medication,	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	increase of pain and change of symptoms. MRI needed for neurosurgery evaluation; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Lorri Hall is a 43 year old female who complains primarily of joint pain from arthritis. It radiates to the left shoulder, left arm, right hip, back of the right leg and back of the left leg. She states the pain is aching, deep and shooting. On a numerica; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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 not been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Mr. Lawrence Cromwell, a 67 year 7 moth old patient reports pain as high as 8/10 and decreases to 5-6/10 with hydrocodone and robaxin lasting 3-4 hrs. Pt reports pain med wears off during the night and he starts hurting causing him to not sleep. ;;Cervi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	no relief with the MBB. ;;She does have relief with the opioids. Allow her to function. She also takes mobic, baclofen, wellbutrin. ;;udt 9/2019;;We discussed getting a new mri of the lumbar spine. She ahs been having more back and leg pain of late.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has been experiencing persistent pain for a long period time without relief from procedures, medications, or physical therapy. Need MRI to evaluate and treat.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has failed conservative treatment.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; limitation of joint movement; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Recommend ordering an MRI of the lumbar spine (last MRI in 2014);The patient has failed conservative treatment (include activity modifications, 6 weeks of physical therapy with;no help ,home exercise therapy, NSAIDs and opioid medication therapy) and w; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neurology - Coordination: The patients gait appears to be asymmetric and abnormal. The patient was;able to do heel walk. The patient was unable to do toe walk. Neurology - Straight Leg Raising: Right: negative. Left: 30 degrees. Left LE strength - Flexor; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The patient complains of ache/pain in Mi-low back. The pain is aching, sharp, shooting and throbbing. Numbness in the RLE. At it's worse his pain is 10/10, at it's least 6/10. ;;Ordering Thoracic and Lumbar MRI to rule out Herniated nucleus pulposis, sp; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.;	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	38 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for a neurological disorder.; 12/26/19; There has been treatment or conservative therapy.; BACK PAIN, SHOULDER PAIN, TINGLING, AND WEAKNESS; MEDICATION, INJECTIONS, HOME EXERCISE, AND PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	suspected osteomyelitis of diabetic foot ulcer present for several months; 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	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 due to an old injury.; The request is for hip pain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	the patient is having chronic migrainesPain present since 1997. She states the pain is aching, burning, deep, dull, numbing, shooting, throbbing, tingling and pressure. On a numerical rating scale, the patient states her pain at its worst is 9 out of 10. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient complains of ache/pain in neck/low back. She reports onset of pain gradually over time. The patient describes her pain as constant. The pain is aching, numbness, pins and needle, sharp and shooting. The pain radiates to the left upper extremity; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient complains of ache/pain in neck/low back. She reports onset of pain gradually over time. The patient describes her pain as constant. The pain is aching, numbness, pins and needle, sharp and shooting. The pain radiates to the left upper extremity; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; arms/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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; home treatment documentatShoulder pain: Physical therapy for shoulder ROM, Stretching and strengthening exercise program, start;isometric and advance as tolerated.ion-Focus on Low impact exercise;program, encouraged weight loss, quit smoking and healthy	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; see clinical docs	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Tingling into right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; upper extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness to bilateral arms sometimes into middle finger and to thumb; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; 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.	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-3-2016; There has been treatment or conservative therapy.; chronic back pain, burning, cramping, numbing, back radiates to bilateral extremities; physical therapy, medications, injections, home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	FAILED INJECTIONS AND STILL HAS SEVERE PAIN; This study is being ordered for Inflammatory/ Infectious Disease.; 09/01/2018; There has been treatment or conservative therapy.; CERVICAL AND LUMBAR ARTHROPATHY; MEDICATIONS;INJECTIONS;IN HOME EXERCISES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral upper extremity weakness in lower part of arms and hands.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain, cervical spondylosis, cervical facet joint syndrome, cervical 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PARASTHESIS 2017 NECK SURGERY; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient has had PT, HE, & medication but caller states duration is unknown. Patient had injection. Patient has cervical spondylosis with radiculopathy.; 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.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>persistent pain and systems, findings will be incorporated into decision process.; 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.</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt complaints of ache/pain in low back and neck. Pain at its worse is 10/10 at its least 2/10 and on average about 7/10.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	cervical spine is being requested to further evaluate the patients persistent pain as well as the more;worrisome neurologic symptoms. MRI is not typically needed prior to initiating treatment, unless there is a rapid;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; GRADUAL INCREASE-UNKNOWN START DATE; There has been treatment or conservative therapy.; The patient complains of pain in Lower Back Pain and Neck Pain. She has been experiencing;this pain for last several years. She reports onset of pain gradual . The patient describes the pattern of pain as;constant with intermittent flare ups. She descri; She had 10 visits of PT without success. She has;used hydrocodone 10/325 mg BID and Soma in the past.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	right posterial shoulder pain, numbness bilateral on fingers.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral arms and hands weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The pain in the low back and legs began years ago. The pain is located in the low back in the middle and radiates down the posterior leg to the knees. The patient describes the pain as sharp and aching. Patient reports that the pain is worse with walking ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Does have numbness and tingling in his toes worse on the right. Feels weak in both arms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for a neurological disorder.; 15 plus years; There has been treatment or conservative therapy.; Pain in the neck, back and knees with radiating to UE and LE with numbness, weakness and tingling; medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Several Years ago; There has been treatment or conservative therapy.; m51.26; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown. "Years ago."; There has been treatment or conservative therapy.; Chronic mid and low back pain with scoliosis.; PT without pain relief, NSAID and/or opiates with some relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; arm/ legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for dizziness, tingling, weakness and headaches.; Extension and lateral side bending of the lumbar spine;does reproduce pain. Facet loading does reproduce pain. Bending at the waist does reproduce the pain. Straight leg raise negative. FABER si; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right arm/ right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right side weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2013; There has not been any treatment or conservative therapy.; Pain Details: The patient presents today for follow up. They report continued chronic;pain limiting daily function and enjoyment of life. Denies any side effects from their;medications at this time. The current treatment plan helps the patient remain;f; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Several Years ago; There has been treatment or conservative therapy.; m51.26; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Limited movement and muscle pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness and tingling in both legs, weakness in both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in left leg.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Extension and lateral side bending of the lumbar spine;does reproduce pain. Facet loading does reproduce pain. Bending at the waist does not reproduce the pain. Straight leg raise negative. FABER sign negative. Lumbar paraspinal muscle tenderness positi; The study requested 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 extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	FAILED INJECTIONS AND STILL HAS SEVERE PAIN; This study is being ordered for Inflammatory/ Infectious Disease.; 09/01/2018; There has been treatment or conservative therapy.; CERVICAL AND LUMBAR ARTHROPATHY; MEDICATIONS;INJECTIONS;IN HOME EXERCISES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Glynn Williams is a 51 year old African American male who complains primarily of lower back pain. In addition, he also complains of elbow pain, foot pain, hand pain, knee pain, mid back pain and neck pain. The patient states that the onset of pain was gra; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Info Given.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	LUMBAR DEGENERATIVE DISC DISEASE; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MULTIPLE INJECTIONS AND PAIN CONTINUES TO WORSEN.NSAID THERAPY 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown. "Years ago."; There has been treatment or conservative therapy.; Chronic mid and low back pain with scoliosis.; PT without pain relief, NSAID and/or opitates with some relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	ngela Waller is a 39 year old Black female who complains primarily of knee pain. In addition, she also complains of low back and leg pain. The patient states that the onset of pain was gradual with no known reason. It radiates to the front of the left leg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain and Numbness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She had increase numbness and pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

<p>1/1/2020 - 3/31/2020 1/1/2020</p>	<p>Anesthesiology</p>	<p>Disapproval</p>	<p>72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>cervical spine is being requested to further evaluate the patients persistent pain as well as the more worrisome neurologic symptoms. MRI is not typically needed prior to initiating treatment, unless there is a rapid; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; GRADUAL INCREASE-UNKNOWN START DATE; There has been treatment or conservative therapy.; The patient complains of pain in Lower Back Pain and Neck Pain. She has been experiencing;this pain for last several years. She reports onset of pain gradual . The patient describes the pattern of pain as;constant with intermittent flare ups. She descri; She had 10 visits of PT without success. She has;used hydrocodone 10/325 mg BID and Soma in the past.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical</p>	<p>1 2020 Jan-Mar 2020</p>
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1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>rebian McChristian is a 30 year old Unknown male who complains primarily of lower back pain. In addition, he also complains of pelvic pain. The patient states that the onset of pain was gradual with no known reason. The pain is not the result of any injur; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Robert Blamberg is a 39 year old White male who complains primarily of lower back pain. In addition, he also complains of foot pain, hip pain, knee pain, leg pain and neck pain. The patient states that the onset of pain was gradual with no known reason. I; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Status post lumbar spine medial branch RFA with 50% decrease in pain. Severe right sided pain since RFA. New unexplained radiculopathy needing MRI to determine herniation of disc and/or spinal cord injury.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has completed 6 weeks or more of Chiropractic care.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lumbar radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for a neurological disorder.; 15 plus years; There has been treatment or conservative therapy.; Pain in the neck, back and knees with radiating to UE and LE with numbness, weakness and tingling; medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain is 10/10 on scale. Pain is all the time, but worse when laying flat on stomach and getting up from laying position. Difficulty performing activities. Has seen specialists.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/16/2019; There has been treatment or conservative therapy.; Pain radiating to bilateral shoulder, arms, fingertips, and bilateral legs. Patient complains of weakness.; Medication. Home Exercise. Joint Injections.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	SHOULDER INJURY DUE TO FALL LOOKING FOR A TEAR, NO CHANGE IN SYMPTOMS WITH TREATMENT. XRAY RESULTS WERE NORMAL.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Samantha Ellis is a 29 year old White female who complains primarily of ankle pain. In addition, she also complains of foot pain. It does not radiate. She states the pain is aching, burning, deep, sharp, shooting, throbbing, tingling and pressure. On a nu; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast		Yes, this is a request for CT Angiography of the Neck.	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		DISPOSITION: The area in her abdomen, which has been tender is the superior aspect of the rectus abdominis muscle, which I believe to be sore from her retching with spasm of the muscle.; ;She may, very well, have migraine headaches that are related to ; This study is being ordered for a neurological disorder.; 02/10/2020; There has not been any treatment or conservative therapy.; headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 12/29/2015; There has been treatment or conservative therapy.; follow up for stynch graph repair; treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast	bypass; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This patient was advised to modify risk factors to include treatment of any hyperlipidemia or any hypertension. The patient should remain on an antiplatelet agent for the foreseeable future.;;Restrictions to activity have been discussed. Likewise, r; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast	unknown; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 12/29/2015; There has been treatment or conservative therapy.; follow up for stynch graph repair; treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	DISPOSITION: The area in her abdomen, which has been tender is the superior aspect of the rectus abdominis muscle, which I believe to be sore from her retching with spasm of the muscle.; ;She may, very well, have migraine headaches that are related to ; This study is being ordered for a neurological disorder.; 02/10/2020; There has not been any treatment or conservative therapy.; headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x- ray or EKG) indicatvie of heart disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Unknown caller wants to bypass clinicals and send them in; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had a recent non- nuclear stress test.; chest pain; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological y induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; have discussed the pathophysiology of aortic valve stenosis with this patient and all present family. ;;I reviewed the general symptoms of aortic valve stenosis; specifically I mentioned shortness of breath (congestive heart failure symptoms), angina (c; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary SMALL CALCIFIED NODULE IN LEFT UPPER LOBE LATERALLY WITH DENSE CALCIFICATION COMPATABLE WITH OLD GRANULOMA. STEATOSIS. CT DONE 8/7/2019; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	M79.604 Right leg pain ;; M79.605 Left leg pain ;; R60.9 Edema, unspecified type ;; R68.89 Abnormal ankle brachial index (ABI) ;; I10 HTN (hypertension) ;; E11.9 Diabetes ;; Z72.0 Tobacco use ;; I73.9 PAD (; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiac Surgery	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		Mr. Hill is a 54 yo man he complains of recurrent syncope, usually when he steps out of teh truck, last 2-3 min; BP was 130, HR 80,glucose 111, he was pale, nausea, diaphoresis, classic vagal sx; He is s/p 3v CABG 10/2015 by Dr. Nolen. He i; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material	<p>persistent atrial fibrillation: here for f/u, very symptomatic (severe fatigue, dizziness), with prior slow V response while on amio 200mg therefore was previously on 100mg PO daily, had recurrence of persistent afib after self d/c of amiodarone for uncle; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material	<p>This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were abnormal.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; 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.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material	<p>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.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	of the distal left common carotid;artery at the level the bulb does not have the typical appearance of;atherosclerotic plaque. The possibility of a solid mass is considered.;Recommend dedicated CT scan for mor; This study is being 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.; Mr. Lawrence Williams is a 50 y/o AAM with longstanding HTN which has been labile and difficult to control. The patient also has a long history of Tobacco Abuse and ETOH abuse. However, he claims that he has quit both habits as of December, 2019. The pa; 2.24.2020-Carotid doppler- Mass along the anterior wall of the distal left common carotid;artery at the level the bulb does not have the typical appearance of atherosclerotic plaque. The possibility of a solid mass is considered. ;2.24.2020-MRI Brain- ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	8	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	THE PT IS STATUS POST CORONARY ARTERY BYPASS GRAFTING AND IS STATUS POST LEFT CAROTID ENDARTERECTOMY. HE HAS IRREGULAR RHYTHM BY EXAM TODAY.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OCTOBER 2019; There has been treatment or conservative therapy.; STROKES; PT STARTED TAKING ELIQUIS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	CLEARANCE - gestational DM, HTN; recent chest pain episode radiated to left arm went to ER; needs GI EGD, had lapband in 2014 and it has slipped; heart skipped beats when she was younger; 2 months worsened HA with pulsatile H; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Mr. McCoy is here for a follow up visit. His colonoscopy was good. He is getting his dentures next month. He feels well. He tries to stay active. He denies any angina or dyspnea. He denies any palpitations, syncope or paroxysmal nocturnal dyspnea. He deni; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt had UTI in December 2019, where she was confused, bowel and bladder incontinent, had gait imbalance and had few falls. She was taken to her PCP and was given a course of antibiotics and was started on Donepezil 5 mg once daily. Sister reports pt has be; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Aortic disease, nontraumatic, known or suspected; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Ascending Aortic Aneurism; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	pre-procedural workup for left ventricular assist device implantation; This study is being 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.; shortness of breath, fatigue and weakness, rapid/irregular heartbeat, reduced ability to exercise and persistent cough and wheezing.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	She says she has thoracic aneurysm. This has not been evaluated in some time. She also has abdominal aneurysm. I am not sure how she knows this. She has diabetes but takes no medications.; This study is being ordered for Vascular Disease.; EP study, cardiac cath by Dr. Lynn Davis; There has not been any treatment or conservative therapy.; Aneurysm, stroke;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Stable small left upper lobe nodules could reflect early;pneumonitis sequela no acute airspace disease identified.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This 68 year old male presents for abt dc ppm, sss and svt.;Mr.Bickford is a 68 year old male here for 6 mo f/u. He has SSS with symptomatic bradycardia, SVT. He is s/p implantation of ABT DC PPM on 11/6/17 for av synchrony by Dr. Nair. Device is fol; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary),	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/12/2020; There has not been any treatment or conservative therapy.; CHEST PAIN SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Followup of a known aneurysm for measurement.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Miss Washington is a very pleasant 23 yo AA nulligravida menstruating lady (not working, prior day care) with limited medical history of mild intermittent asthma, followed by Dr. Ali, referred for evaluation of dyspnea and chest discomfort, followed by D; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is a known or suspected coarctation of the aorta.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mr. Price is referred by Dr. Lo for further evaluation of Afib and surgical intervention. He is a 56 y/o male with history of HTN, Afib RVR s/p PVI (11/5/18) and (1/28/19), chronic diastolic HF, CAD, and HTN. He was admitted to Unity Health in Searcy for ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast	patient has a 5.1cm thoracic aortic aneurysm that was diagnosed last fall and this is just a follow up scan.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	surveillance on known aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	this is a follow up to pt having a PVI; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is physical evidence of re-bleed or re-stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including	This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	22 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	unknown; This study is being ordered for Congenital Anomaly.; 01/31/2020; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, and palpitation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	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; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. It is not known if the patient has any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This 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.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 5/2019; There has been treatment or conservative therapy.; The pt has lower extremity claudication classified as Rutherford Class 3,; Pletal, suggested to do ambulatory program w/no relief,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	<p>Patient continues to have significant claudication of bilateral lower extremities classified as Rutherford Class III in severity; This study is being ordered for Vascular Disease.; Patient continues to have significant claudication of bilateral lower extremities classified as Rutherford Class III in severity. He had an abnormal bilateral Doppler demonstrating a 50% iliac stenosis bilaterally.; There has been treatment or conservative therapy.; Pain, heaviness, cramping in legs at rest and with exertion. Described at Rutherford class III; Patient has been encouraged to follow a walking program and he is also taking Imdur currently.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material	<p>Ms. Betts presents to VVI for a post-procedure follow-up, secondary to PAD. Underwent Orbital ATH/PTA to R/L SFA on 09/05/2019 with Dr. Lendel via R radial approach. History of PPI LLE at OSF in 2018. Today, decreased pain with ambulation. She has been par; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material	She says she has thoracic aneurysm. This has not been evaluated in some time. She also has abdominal aneurysm. I am not sure how she knows this. She has diabetes but takes no medications.; This study is being ordered for Vascular Disease.; EP study, cardiac cath by Dr. Lynn Davis; There has not been any treatment or conservative therapy.; Aneurysm, stroke;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	10 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abdominal mass; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abdominal mass; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 5/2019; There has been treatment or conservative therapy.; The pt has lower extremity claudication classified as Rutherford Class 3,; Pletal, suggested to do ambulatory program w/no relief,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	<p>Patient continues to have significant claudication of bilateral lower extremities classified as Rutherford Class III in severity; This study is being ordered for Vascular Disease.; Patient continues to have significant claudication of bilateral lower extremities classified as Rutherford Class III in severity. He had an abnormal bilateral Doppler demonstrating a 50% iliac stenosis bilaterally.; There has been treatment or conservative therapy.; Pain, heaviness, cramping in legs at rest and with exertion. Described at Rutherford class III; Patient has been encouraged to follow a walking program and he is also taking Imdur currently.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Anomaly.; Reason for Appointment ;1. PVC ; ; ;History of Present Illness ;HPI: ; Mr. Gadbow is a 68 y/o male with PMH of MVP, bradycardia, CAD, and HTN referred by Dr. Elders for PVC. He gets very dizzy and fatigued. Holter showed almost 16k PVC with ; There has been treatment or conservative therapy.; Mr. Gadbow is a 68 y/o male with PMH of MVP, bradycardia, CAD, and HTN referred by Dr. Elders for PVC. He gets very dizzy and fatigued. Holter showed almost 16k PVC with different morphologies. He's had an ablation at St Louis left sided. Breakthrough on ; Current Medications ;TakingAspir-81 81 MG Tablet Delayed Release 1 tablet Orally Once a day ; ;Omeprazole 20 MG Capsule Delayed Release 1 capsule Orally every other day ; ;Nitrostat 0.4 MG Tablet Sublingual Sublingual ; ;Metoprolol Succinate ER 50 ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	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; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 1996; There has been treatment or conservative therapy.; eval of right ventricular volume. Having arrhythmia.; cardiac caths.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology	This is a request for a Heart CT.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of	; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure	; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of	; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function,	Lexiscan positive for ischemia. still complains of shortness of breath, significant fatigue when walking short distance as well as chest pressure.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure	PATIENT HAD AN ABNORMAL STRESS TREADMILL TEST; This is a request for CTA Coronary Arteries.; A study not listed has been completed.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including	patient is diabetic and obese; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function,	Patient seen for evaluation of decreased exercise tolerance and shortness of breath. Patient has a history of hypertension and dizziness. A Rest Stress Echocardiogram was performed which indicated no specific ECG changes, normal exercise response, and no; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	32 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	33 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	; It is not known if the patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 101519; It is not known if there has been any treatment or conservative therapy.; Shortness of breath;dizziness;near syncope;palpitations;burning in chest;hx includes - current smoker, type II diabetes, hypercholestermia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; consultation and diagnostic testing, as needed, due to shortness of breath. Patient is a 60 year old gentleman with obesity, hypertension, gastroesophageal reflux disease, typical atrial flutter, who has been doing poorly for the last several weeks; There has not been any treatment or conservative therapy.; Shortness of breath. ;Palpitations. ;Heart murmur. ;Typical atrial flutter. ;Hypertension.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>; This study is 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 had always had palpitations and these have increased in frequent. ALSO HAS MURMUR,SOB AND CHEST PAIN. CHRONIC COPD, HEP C AND HTN. It was worse this last winter on nasal decongestants. She wore a monitor for about a week in 2007 and was told she had e; It is not known if there has been any treatment or conservative therapy.; PALPITATIONS, SOB, CHEST PAIN, MURMUR; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is 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 HAVING CHEST PAIN AND ELEVATED BP FOR THE PAST MONTH. BP 233/99 Chest pain is located to substernal chest, radiates to left arm. No jaw pain. Worse on exertion and relieved with rest.HAS SOB, KNOWN HEART MURMUR; It is not known if there has been any treatment or conservative therapy.; PT HAVING CHEST PAIN AND ELEVATED BP FOR THE PAST MONTH. BP 233/99 Chest pain is located to substernal chest, radiates to left arm. No jaw pain. Worse on exertion and relieved with rest.HAS SOB, KNOWN HEART MURMUR; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	; This study is being ordered for Vascular Disease.; 01/22/2020; There has been treatment or conservative therapy.; SOB/HTN/CAD W/O ANGINA/ ABN EKG; CABG/PTCA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	; This study is being ordered for Vascular Disease.; January 20 2020 is first documented as she has not seen a physician in some time; There has been treatment or conservative therapy.; She describes SS chest tightness at rest and with exertion. The pain is coming on with less activity. She has SOB and DOE but no orthopnea or PND.; medication and stress reduction; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	: The patient has had longstanding hypertension. Recently, he has found that he has had trouble controlling his blood pressure despite the use of multiple medications. He is taking enalapril a total of 40 mg daily, hydrochlorothiazide 25 mg daily, and T; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	#1 abnormal EKG: Patient has no chest pain. She does have dyspnea but this is related to her underlying lung disease. EKG shows ST-T wave abnormalities inferiorly. She has a strong family history of heart disease and numerous risk factors.; Risk stratified; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	#1 angina: She's been experiencing symptoms of chest discomfort of the past few months. She states she's been trying get over sinus infection. She feels a fullness or pressure in her chest. It is not associated with coughing. The discomfort can wax and wa; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	01. Body mass index (BMI) 35.0-35.9, adult;02. Secondary hypertension, unspecified;03. Peripheral vascular disease;04. Chest pain in adult;05. SOB (shortness of breath);1. Chest pain; atypical, but given his multiple risk factors for heart disease wo; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	1. DOE ;2. Fatigue ;3. Neck pain; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	1. Edema - R60.9 (Primary) ;2. CAD (coronary artery disease) - I25.10 ;3. Hypertensive heart disease - I11.9 ;4. Hypertension - I10 ;5. Diastolic dysfunction - I51.9 ;6. Hyperlipemia - E78.5; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	01. Essential (primary) hypertension;02. Hyperlipidemia;03. Atherosclerotic heart disease of native coronary artery w/o ang pctrs;04. Diabetes mellitus without complication;05. Body mass index (BMI) 29.0-29.9, adult;06. Other chest pain;1. CAD s/p pci in 201; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	1. Tachycardia ;2. Abnormal ECG ;3. Chest pain ; ; ;History of Present Illness ;HPI: ; Mrs Bryant is a 50 y/o female presents today for cardiac evaluation of Tachycardia and abnormal ECG.; For the past 2 months c/o chest pain. B/L upp; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	43-year-old white female who complains of mid precordial pressure-like chest pain, nonradiating, lasting 5 to 15 minutes, occasionally tending to recur off and on for up to 1 hour. It is associated with dyspnea. Moderate to severe in intensity. Spontan; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	58-year-old white male who was admitted to Baptist Hospital in July, 2018 for congestive heart failure. Subsequently in March, 2019 for cerebellar infarct x2 and subsequently seen in Mercy Medical Center. Since his cerebellar infarcts patient has become; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	66-year-old referred here for chest pain. She has ASCVD risk factors of hypertension, diabetes, and nicotine dependence, currently smoking half a pack per day. Her symptoms are described as a central chest pressure and pain, usually occurring at night a; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if there is a physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	ABN TEST; This study is being ordered for Vascular Disease.; 03/18/2020; There has not been any treatment or conservative therapy.; ABN CALC SCORE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	ADDITIONAL CLINICAL WILL FAXED.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/27/2019; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	alpitations and near syncope: Rule out arrhythmia.;2.Cardiomyopathy: Possible ischemic etiology and coronary artery disease versus nonischemic cardiomyopathy.;3.Chest pain: Possible angina and coronary artery disease.; ;PLAN: The patient was adv; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	BMI is 43;pt has type 2 Diabetes;pt has shortness of breath with exertion ;pt has abnormal EKG;Follow-up of CAD with Bypass Graft;Pt has Hypertension-Essential; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	BRADYCARDIA; This study is being ordered for Vascular Disease.; CHRISTMAS 2019; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATHE;CHEST PAIN;DIZZINESS ;SLEEP APNEA;SYNCOPE;FALLS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Bypass; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	CABG x3 11/2016;chest tightness/dyspnea;taking nitro ;smoked 1ppd ;EKG shows Rightward axis; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	CAD POST BI-PASS W/CHEST PAIN, HYPERLIPERDEMIAS AND SOB; EKG SHOWS ABNORMAL TO-WAVE ABNORMALITY; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Caucasian female is here today for follow up for hypertension, hypertensive heart disease, left ventricular diastolic dysfunction, smoking, COPD, and CHF. Patient reports episodes of left precordial chest pain, described as an ache, radiating to left sho; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	chael P Patrick is a 50-year-old gentleman, here at the request of Candice Caldwell, APRN. for consultation and diagnostic testing, as needed. He has hypertension, hyperlipidemia and gastroesophageal reflux disease. He has been experiencing episodes of ch; 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 not know	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Chest pain severe, hyperlipidemia, atrial flutter, fib, has pacemaker; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Chest pain with atypical features: Possible ischemic etiology versus noncardiac causes.; 2. History of transient ischemic attack.; 3. Possible paroxysmal atrial fibrillation.; 4. Hypertension.; 5. Hyperlipidemia.; ; PLAN: The patient was advised an exer; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	CHEST PAIN WITH EXERTION, GETS BETTER WITH REST, NO RADIATION. HAS HAD 2 EPISODES OF SYNCOPY, NO HX OF CAD, NO HX DM, QUIT SMOKING 1996, DOES HAVE HTN AND HYPERLIPIDEMIA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Chest pain, history if MI, hyperlipidemia unable to take statins. On beta blockers, cannot walk on treadmill.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	chest pain, shortness of breath, smoker, previous MI, chronic back pain, degenerative joint disease, emphysema, left sided weakness, previous neck surgery; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Chest pain. Symptoms worrisome for angina. Cardiac cath in 2015 did not reveal significant CAD. EKG today without ischemic changes. ;2. Postpartum cardiomyopathy. EF 50-55% per echo 12/6/19. Maintained on BB, ARB, loop diuretic, aldosterone antagonist. A; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Chronic chest pain, low to moderate. prob of CAD; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	complaints of chest pain.;Patient says that the symptoms started 8 months ago when he started having chest pain while climbing uphill. The symptoms were initially 3-4 weeks apart but now he has been having back pain every time he exerts himself which res; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	compliants of Chest Pain and feeling heart is racing. Complains of aching sensation in chest pain and shoulder esp at night. Also has neck pain. No problems with activity. Denies SOB, dizziness / lightheadedness, and syncope.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Coronary arteriosclerosis in native artery. Hyperlipidemia Has been complaining of CCS class III angina; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2018; There has been treatment or conservative therapy.; chest pain on exertion; CAD: Admitted for NSTEMI 08/18: Cardiac cath was done s/p PCI to RCA using DES.;Patient has been c/o chest pain on exertion, 4/10 in intensity, gets better at rest. no radiation. Denies any shortness of breath or palpitations. No syncope.Denies any claud; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or</p>	<p>Coronary artery disease with non-STEMI in the past. Last coronary intervention in 2015 with PCI of the LAD with drug-eluting stent. Last heart cath from 2016 revealed nonobstructive coronary artery disease with patent LAD stent, moderate RCA disease. E; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Deborah J Sargeant is a 60 y.o. female with a history of hypertension and hyperlipidemia here for evaluation of dyspnea and fatigue. Complains of worsening dyspnea and fatigue with mild exertion over the past 6 months. Symptoms can have associated diapho; This study is being ordered for Vascular Disease.; Deborah J Sargeant is a 60 y.o. female with a history of hypertension and hyperlipidemia here for evaluation of dyspnea and fatigue. Complains of worsening dyspnea and fatigue with mild exertion over the past 6 months. Symptoms can have associated diapho; There has been treatment or conservative therapy.; SOB;FATIGUE;DIAPHORESIS; Pulmonary function testing, added inhaler, changed blood pressure medication. continues to have sob, fatigue, and high blood pressure.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	decompensated CHF;;CAD w/ BMS to the CFX and RCA ;;dyspnea w/ exertion;;DM non Insulin dependent; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	diabetes; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Dietary management education, guidance, and counseling;Hypertension education; This study is being ordered for Vascular Disease.; History of COPD history of hypertension history of GERD patient is complaining of chest pain described as pressure sensation in the middle of the chest no radiation not related to exertion with progressive shortness of breath she denies any palpitation or; There has not been any treatment or conservative therapy.; History of COPD history of hypertension history of GERD patient is complaining of chest pain described as pressure sensation in the middle of the chest no radiation not related to exertion with progressive shortness of breath she denies any palpitation or; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	dyspnea and chest tightness with exertion;;asthmatic;;hypertension; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	stress test and 2d echo to evaluate for ischemia.;ELECTROCARDIOGRAM;SR with PVC's. No st-t wave abnormality suggestive of ischemia.;Congestive heart failure - FC II. Cont medical management.;Hyperlipidemia - 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.; HOSP F/U 11/05/2019 FOR CHF BUT VISIT ON 12/04/2019 PT INCREASED SOB WHEN WALKING, ETC.; There has been treatment or conservative therapy.; shortness of breath when walking.c/o shortness of breath on moderate exertion which gets better at rest. cannot walk more than a block due to dyspnea. Denies any chest pain or palpitations. No syncope.Denies any claudication.;recently in the hospital wit; PRESCIBED WATER PILL FUROSEMIDE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Dyspnea on exertion;-Likely related to her uncontrolled hypertension, but cannot rule out an angina equivalent;-Start aspirin 81 mg p.o. daily;-Start pravastatin 10 mg p.o. daily (she reports she previously did not tolerate Lipitor due to severe muscle; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	ECG: Normal sinus rhythm, incomplete right bundle branch block and left anterior fascicular block and LVH. Male who presents for evaluation of Vertigo and both ears ringing for several weeks, Chest pressure and not feeling well.;Chest pressure-last 1 to ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Technical quality is adequate ; LA is mildly dilated ; LV is normal in size and systolic function ; LVEF is 55-60% ; No regional wall motion abnormalities seen ; Moderate diastolic dysfunction ; Mild MR and TR, otherwise normal valve structure and fu; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Enter answer here - or Type In Unknown If No Info Given. The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Enter answer here - or Type In Unknown If No Info Given. The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Enter answer here - or Type In Unknown If No Info Given. The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It is unknown if it has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Enter answer here - or Type In Unknown If No Info Given. This study is 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 weeks; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 2/6/20; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 02/14/2020; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Enter answer here - or Type In Unknown If No Info Given. > None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Episodes of chest pain and weakness and shortness of breath: Possible progression of coronary artery disease.;2.Hypertension.;3.Status post PCI of the LAD.; ;PLAN: The patient was advised a stress echo for further evaluation due to his previous in; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	EVAL; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	EVALUATE SOB/ CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	evaluated for shortness of breath. She and her husband were at the races in Little Rock when she felt very winded. Having tenderness in her neck.;Gets a feeling in her throat, like she's going into atrial fibrillation but she is not. She is more SOB rece; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ?? NOT SURE, MAYBE 03/07/2020;HAS HX OF CAD AND COPD; It is not known if there has been any treatment or conservative therapy.; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	evaluation of chest pain.chest discomfort that is intermittent, with radiation to chest, rated as a scale of 8/10 in intensity that is pressure, substernal in nature. Associated symptoms are exertional chest pressure/discomfort, fatigue, shortness of bre; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	fax clinicals; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	FM HX OF MOTHER-MI, CAD;NON SMOKER, ;HYPERLIPIDEMIA, HTN;HAS A-FIB;HAS PACEMAKER; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Follow-up for history of cardiac dysrhythmia, essential hypertension, pulmonary hypertension, hypertensive heart disease, chronic diastolic heart failure, nonrheumatic tricuspid insufficiency, hypercholesterolemia, peripheral vascular disease, obesity, CO; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Had EKG at PCP.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/22/2020; There has been treatment or conservative therapy.; Chest pain, radiating to chest and neck area. Shortness of breath. Exertion.; Medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	He has hist of CAD and ASCVD.; This study is being ordered for Vascular Disease.; unknown.; There has not been any treatment or conservative therapy.; Patient has abnormal ECG and underweight.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	He is experiencing chest pain about 2-3x/week associated with diaphoresis (feels hot and cold). Ongoing for a week. Notices it 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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	holter monitor revealed 18000 pvc; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	HPI: ; Mrs Sexton is a 62 year old female here to follow up. She has seen Dr Mego in the past. She has a history of CAD, MI, PVD, CVA, COPD, HTN, HLD, DM, DVT, Hep C. CT AFRO at OSH 1/2019 showed no right distal PT stenosis and left iliac 40% sten; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Hx of CHF and A Fib; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Hx of TIA. Recently discovered A-fib. C/O SOB and CP. Hx of diabetes.; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	I have requested a Noninvasive Stress Test with the intention of assessing the patient's overall functional capacity using objective measures of cardiac function and dynamics measures both at baseline and immediately post exertion using echocardiography. ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	INDUCIBLE ISCHEMIA; This study is being ordered for Vascular Disease.; 2015; There has been treatment or conservative therapy.; INDUCIBLE ISCHEMIA; BYPASS SURGERY, COMPLETE HEART BLOCK S/P PACEMAKER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	intermittent chest pain left sided not relieved by nitro;;tobacco abuse positive;;bmi 35;;age 66; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	intermittent sharp substernal CP happening at both rest and exertion.;;has arthritis and gout unable to ambulate treadmill;;hypertension; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	ISCHEMIC DISEASE; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Last LHC was 03.30.18 that required intervention via stent; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	left lateral chest pain with exertion ;;tobacco abuse;;type 2 diabetes;;family history of MI;;bmi 32; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Mr. Osborn comes in for initial evaluation. He was seen by Gastro Arkansas with negative EGD and C scope. He was referred here for evaluation of chest pain. He has some chest discomfort located over his left sternal region. It is difficult for him to desc; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>Mrs Queen comes in for initial evaluation. She has history of PVD and CAD. She unfortunately still smokes half a pack to 1 pack/day. She states she had a heart attack back in 2012 and had stents. She also had "blood clot in her right fourth toe and had PV; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,</p>	<p>Ms. Abbott is a 72 yo wmn who was last seen 11/6/17. She is here today for annual visit. She has been doing well. Denies any hospitalizations in the last year. ; She is followed for CAD, PVD, HTN, bradycardia s/p PPM placement 2004. ; She ha; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Ms. Babb is a 64 year old s/p TAH lady with significant history for CAD, PAD s/p PPI (2014), HTN, HLPD, SLE, DVT (2014), and tobacco abuse, followed by Dr. Ali, here for annual follow up. At last visit, she saw Dr. Mego and no medication changes were made; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Ms. Charlton is in as a new patient for evaluation of blood clot. She is a smoker (1 pack will last 3-4 days) and was previously on estradiol (discontinued 2 months ago after a duration of 1 year). She has pain in her right calf when walking and bilateral; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Ms. Walls presents for initial EP consultation. She states she was in ADC and they informed her that she has a murmur by ECG. She has some occasional episodes of chest pain, palpitations, and dizziness at times. She does get SOB with activity but also has; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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 requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	N/A; This study is being ordered for Vascular Disease.; 01012020; There has not been any treatment or conservative therapy.; PAROX AFIB/SOB W/ EXERTION AFTER SPONTANIOUS CARDIOVERSION IN THE ER/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	N/A; This study is being ordered for Vascular Disease.; UNK; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH;CHEST PAIN;CAD W/ ANGINA;FATIGUE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	No Stress Echos done within 60 mile radius. ;#1 angina: He developed pneumonia shortly before Christmas. He took and a boxer several days. He still has a little bit of a cough. However since that time he's had persistent chest discomfort. He describes ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	No stress echos done within 60 mile radius. ;#1 coronary artery disease: His recent CT scan of the chest revealed dense calcification in the LAD. He doesn't have a history of documented coronary artery disease. His father did undergo bypass grafting in; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	No Stress Echos done within 60 mile radius. ;#1 coronary artery disease: Her angiogram this past year revealed a 40% stenosis of the RCA. She is placed on nitrates. From time to time she feels some chest pressure. A chief with moderate exertion and walki; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	No Stress Echos done within 60 mile radius. ;impression:;#1 coronary artery disease: She is almost one year out from multivessel stenting. She recent episode of chest discomfort at rest the other evening. It lasted for about 20 minutes. She states it wa; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	No Stress Echos done within 60 mile radius. Angina, DM II, Obesity, HTN, Hyperlipidemia; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	No Stress Echos done within 60 mile radius. Cp/Angina, HTN, Hyperlipidemia, Ex smoker.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	none; This study is being ordered for Vascular Disease.; 2018; There has been treatment or conservative therapy.; CP, shortness of breath; Cardiac Rehab and Stents; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	obese ;history CHF; Stroke; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/06/2020; There has been treatment or conservative therapy.; abnormal EKG; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	obesity/OSA/DM2/HTN/PAF/recently admitted with A-fib; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	ORDERING FOR MEDICAL CLEARANCE FOR EGD/COLONOSCOPY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; ORDERING FOR MEDICAL CLEARANCE FOR EGD/COLONOSCOPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	pain has significant hx of cAD WITH 3V CABG.; This study is being ordered for Vascular Disease.; He is here for a follow up on CAD with prior CABG. He has been doing well. He has some dull and sharp left lateral pain. He has had the pain for "a couple of weeks". He had some recent URI symptoms and SOB with that. He denies any increased shortnes; There has been treatment or conservative therapy.; chest pain; decrease salt intake, increase exercise as tol, increase fluid intake; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Palpitations;arrhythmia;a fib; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Patient did not had an abnormal TMST.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Patient experiencing precordial chest pain associated with dyspnea on exertion. Abnormal EKG resulting in left atrial abnormality, left bundle branch block with secondary ST T wave changes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Patient had an abnormal EKG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; A study not listed has be completed.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	patient has cad in native artery, status post coronary artery bypass graft, dyspnea on exertion and chronic obstructive pulmonary disease; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Patient has CAD with angina.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	patient has chest pain, shortness of breath, palpitations, hypertension, hypothyroidism, gastroparesis, irritable bowel syndrome, fibromyalgia and sleep disturbance; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Patient has dyspnea on exertion, history of diabetes and hypertension.;Will need ischemic work-up and echocardiogram.;Patient has baseline ST-T wave changes, has osteoarthritis and cannot walk on treadmill.;THIS IS FOR Surgery Clearance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	patient is a smoker, has left-sided carotid artery disease, hypertension, dyslipidemia, and pain in both legs. patient had bilateral U/S and calcified plaque seen in R CFA, SFA, L CFA and SFA with 30-49% stenosis; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	patient is high risk due to hyperlipidemia, hypertension, chest pain, and copd; This study is being ordered for Vascular Disease.; first went to pcp on Jan 22, 2020; There has not been any treatment or conservative therapy.; Lana S Higgins is a 60 y.o.female who presents today to establish care as a new patient. She complains of chest tightness, that she describes as a pressure on her chest and on her back. She attributed it to her COPD. She complains of dyspnea at rest and o; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient reports current symptoms started about 2 months ago. She reports extreme fatigue. She states she just feels so tired and gets sob easily. She states she gets so winded and tired that she has to stop and take a break while getting ready in the 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.; 01/04/2020; There has not been any treatment or conservative therapy.; Shortness of Breath, Extreme Fatigue. Patient gets winded very easily in the morning while getting ready she has to take a break. She reports having palpitations.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Patient reports he is feeling well cardiac wise. He stated he does have mild shortness of breath when walking up a hill quickly.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient seen in the ED. He presented with chest pain symptoms. He was driving to work and had acute onset of chest pain. "Hit him like a ton of bricks". Troponins have been negative. ECG without acute findings. We had planned to admit him and proceed with; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	patient was found to have coronary calcification on CTA; This study is being ordered for Vascular Disease.; more than one month; There has been treatment or conservative therapy.; Karen Rebecca Long is a 61 y.o. female with a history of hypertension, hyperlipidemia, and sleep apnea here for evaluation of coronary artery calcification found on chest CT. Complains of increasing dyspnea with activity over the past 3 months.; medication for hypertension and hypercholesterolemia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	PATIENT WAS RECENTLY IN THE HOSPITAL WITH CHEST PAIN. PATIENT HAS KNOW CAD, CHF, AND CARDIOMYOPATHY; This study is being ordered for Vascular Disease.; 04/28/2017; There has been treatment or conservative therapy.; CHEST PAIN, SHORTNESS OF BREATH, EDEMA; CATH AND STENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Patient with known CAD and hx of CABGx4 experiencing dizziness, SOB, fatigue, palpitations, afib and CP.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Patient with known coronary artery disease has complaint of chest pain, shortness of breath, and elevated blood pressure. Patient had a 3 vessel CABG 4/23/2015. Patient is still a smoker.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	patient with past VSD repair having chest pain and dyspnea on both on exertion; diabetes; family hx; abnormal EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	patient with syncope, chest pain and shortness of breath. patient with htn, hyperlipidemia and peripheral vascular disease; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Pertinent history includes: CAD, HTN, LVH, Mild Diastolic Dysfunction, HLD, and Hx TIA.She complains of chest pain and DOE, ;Denies dizziness/ lightheadedness, palpitations, or syncope.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	pre op for knee replacement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-9-2020; There has not been any treatment or conservative therapy.; chest pain and SOB,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PT complaint of intermittent chest pain and shortness of breath X2.5 weeks. Patient reported the pain is mid chest and left chest radiating to left arm. Patient reports the pain worse with exertion and deep breath but better when lying down. Patient al; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Pt had a history of CAD.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	pt has essential hypertension.pt complains of substernal and left chest pain at rest or when bending over.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>PT HAVING PRESSURE TYPE CHEST PAIN THAT IS MODERATE, SHE WAS IN FOR A FOLLOWUP APPT.PT HAS A HX OF CAD, FORMER SMOKER,HTN, HYPERLIPIDEMIA, HAS DIABETES. PREV.LEFT CATH.PCI/DES Mid RCA, PAIN OCCURS WEEKLY. HAS SOB WITH WALKING. CANNOT WALK DUE TO A FRACTUR; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when</p>	<p>R/O CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Chest Pain, and SOB, R/O CAD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	r/o CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/06/19; There has not been any treatment or conservative therapy.; Shortness of Breath/Dyspnea on exertion;;pain between shoulder blades w/exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Recent episode of diaphoresis and shortness of breath: Possible anginal equivalent and coronary artery disease.;2.Chronic obstructive pulmonary disease.;3.Chronic tobacco use.; ;PLAN: The patient was advised smoking cessation. Lipid profile is ad; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Recent myocardial infarction (I25.2);# Cardiovascular stress test abnormal (R94.39);# Tobacco use (Z72.0);# Shortness of breath (R06.00);# Congestive heart failure (I50.9);# Diabetes mellitus (E11.9);# Hyperlipidemia (E78.5);# Hyperte; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	She complains of left leg hurts with exertion and even wakes her up at bedtime.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	She had back surgery last year and has a lot of nerve damage and walking and exercise is very difficult for her.;Pt has chest pain and shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	She is here for a new patient evaluation. She was seen in the ER in January. At that time she had SOB and CP. She is diabetic and has noted SSCP, increased SOB and DOE as well as palpitations. She has known COPD from smoking and prior GERD. The PCP's; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	SIGNIFICANT RISK FACTORS, VENTRICULAR TACHYCARDIA ON HOLTER MONITOR AND CHEST PAINS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	SOB radiating to back ; hx coronary bypass ; abnormal EKG; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	SOB WITH EXERTION, S/P CABG 2015. HX HTN, HYPERLIPIDEMIA AND DIABETES, FORMER SMOKER; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SOB WITH EXERTION, S/P CABG 2015. HX HTN, HYPERLIPIDEMIA AND DIABETES, FORMER SMOKER; It is not known if there has been any treatment or conservative therapy.; SOB WITH EXERTION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	SOB, HTN, Hyperlipidemia, DM II, NO stress echoes done within 60 mile radius.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	SOB; This study is being ordered for Vascular Disease.; N/A; There has not been any treatment or conservative therapy.; SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	STRUCTRUAL HEART DISEASE RULE OUT; This study is being ordered for Vascular Disease.; 03/05/2020; There has not been any treatment or conservative therapy.; CHEST PAIN/ BUNDLE BRANCH BLOCK/ SOB.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	The pain is present in the substernal region. The quality of the pain is described as pressure and heavy. Associated symptoms include shortness of breath. Pertinent negatives include no cough, dizziness, fever or palpitations. The pain is aggravated by no; This study is being ordered for Vascular Disease.; chronic problem more than one year; There has been treatment or conservative therapy.; Chest Pain (occurs at rest, "it takes my breath away"); Shortness of Breath (occurs with chest pain; also with exertion); Hypertension (chronic); Hyperlipidemia (does not take statin, "I have a fatty liver" She sees Dr. Barton and is currently in a drug s; furosemide (LASIX) 40 mg tabletTake 40 mg by mouth daily as needed.;lisinopril 40 mg Oral tabletTake 40 mg by mouth daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	This 58 year old male presents for CAD.;58 yo male here for a 3 mo return appt. Pt is followed by EP and CHF clinics. Pt presents today with SOB.;58-year-old gentleman who comes to the clinic for follow-up. He denies chest pain. He has some dyspnea; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	This 65 year old female presents for Subclavian stenosis, CP and HTN.;PMH includes left carotid subclavian bypass and July 2016, had a left subclavian aneurysm that was repaired with embolization and thoracic aneurysm repair in September 2016 by Dr. Wrig; This study is being ordered for Vascular Disease.; 02/05/2019; There has not been any treatment or conservative therapy.; Shar stabbing Chest Pain, Shortness of Breath, Hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	This 77 year old male presents for fluid build up, HTN, HLD and CAD.;Mr Holt is a 77 yr old male who presents for fluid build up ;Known history of CAD s/p CABG 8/11/17 per Dr Havdala with LIMA to LAD, SVG to PDA, SVG to OM, and SVG to IM. Echo 8/10/17 r; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	This 85 year old female presents for CAD and Pre Op Clearance.;Ms. Baker is an 85 year old female here for return appointment, she is needing clearance for knee surgery scheduled 6/20. ;-CAD with PCI to prox and mid LAD in 2016. Echo 8/10/18 LA moderate; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	26 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	27 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	13 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	14 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	15 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	50 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	51 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	51 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	53 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	52 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Post-operative (Cardiac Surgery, Angioplasty or stent) Evaluation; It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	to check the status of the lv thrombus and ischemia on ekg; This study is being ordered for Vascular Disease.; 10/21/2018; There has been treatment or conservative therapy.; sob, chest pain; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Total calcium score of 1916; States chest pain on and off the a long time, "pressure on chest". States "with exertion the pain gets worse". Shortness of breath with activity, has increased more. States dizziness when rising from a seating position. Patie; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	unknown; This study is being ordered for Vascular Disease.; more than a month ago; There has been treatment or conservative therapy.; chest pressure, SOB, swelling in legs; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	unknown; This study is being ordered for Vascular Disease.; years; There has been treatment or conservative therapy.; chest pain, shortness of breath; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	VTAC; Upon presentation to the Emergency Room her baseline magnesium level was; 0.4 and potassium 2.7 and calcium 5.1. After being admitted to the ICU and commenced on; electrolyte placement, patient had a run of Vtach and she denies any prior history of ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Will fax; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	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.; OCTOBER 2019; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH ON EXERTION; CHEST PAIN; SYNCOPE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	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.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; SINUS BRADYCARDIA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus	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 documented clinical findings consistent with a valve disease.;	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without	This is a request for a MUGA scan.; This study is being ordered for 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 documented clinical findings consistent with a valve disease.; EF on Echo may be an underestimate due to underlying dysrhythmia.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; ishchemic cardiomyopathy	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 4-6 months since the last echocardiogram.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/13/2019; There has been treatment or conservative therapy.; Atrial Fibrillation; Dizziness; Palpitations; and Chest Pain, SHORTNESS OF BREATH; ORAL DAILY DOSE OF CARDIZEM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 101519; It is not known if there has been any treatment or conservative therapy.; Shortness of breath;dizziness;near syncope;palpitations;burning in chest;hx includes - current smoker, type II diabetes, hypercholestermia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; consultation and diagnostic testing, as needed, due to shortness of breath. Patient is a 60 year old gentleman with obesity, hypertension, gastroesophageal reflux disease, typical atrial flutter, who has been doing poorly for the last several weeks; There has not been any treatment or conservative therapy.; Shortness of breath. ;Palpitations. ;Heart murmur. ;Typical atrial flutter. ;Hypertension.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>; This study is 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 had always had palpitations and these have increased in frequent. ALSO HAS MURMUR,SOB AND CHEST PAIN. CHRONIC COPD, HEP C AND HTN. It was worse this last winter on nasal decongestants. She wore a monitor for about a week in 2007 and was told she had e; It is not known if there has been any treatment or conservative therapy.; PALPITATIONS, SOB, CHEST PAIN, MURMUR; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PRE-CARDIAC CLEARANCE, SOB, PAROXYSMAL AFIB; There has not been any treatment or conservative therapy.; SOB/PRE-OP CARDIO CLEARANCE/PAROXYSMAL AFIB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	; This study is being ordered for Vascular Disease.; N/A; There has not been any treatment or conservative therapy.; SOB W EXERTION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; HTN/HYPERLIPIDEMIA/PALPS/CHEST PAIN/SOB/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	40 year old female pt seen and examined today as NP eval referred from PCP for edema. She does report occasional dizziness. States she has palps "a lot". She states she is SOB with and without activity. Denies seeing cardiologist in the past.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	ADDITIONAL CLINICALS TO BE FAXED.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; DECEMBER, 2019; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Caller req to speak to ICR @ end of call; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	cardiomegaly, ASHD, Aortic valve disorder, left ventricular failure and SSS; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Chest pain, atrial flutter, dizziness, pt went to ER thought she was having 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.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Chest: Visualized lung bases are clear. Normal cardiac size. Coronary artery;calcifications.; This study is being ordered for Vascular Disease.; More than one month ago; There has been treatment or conservative therapy.; coronary deposits on cta; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CLINICALS FAXED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; DECEMBER, 2019; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	<p>Deborah J Sargeant is a 60 y.o. female with a history of hypertension and hyperlipidemia here for evaluation of dyspnea and fatigue. Complains of worsening dyspnea and fatigue with mild exertion over the past 6 months. Symptoms can have associated diapho; This study is being ordered for Vascular Disease.;</p> <p>Deborah J Sargeant is a 60 y.o. female with a history of hypertension and hyperlipidemia here for evaluation of dyspnea and fatigue. Complains of worsening dyspnea and fatigue with mild exertion over the past 6 months. Symptoms can have associated diapho; There has been treatment or conservative therapy.;</p> <p>SOB;FATIGUE;DIAPHORESIS; Pulmonary function testing, added inhaler, changed blood pressure medication. continues to have sob, fatigue, and high blood pressure.;</p> <p>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>1 2020 Jan-Mar 2020</p>
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	<p>due to an abnormal calcium score. His score at Baxter Regional Medical Center showed him to have a left main coronary artery calcium score of zero, a left anterior descending calcium score of 182.3, left circumflex calcium score of 91.2, right coronary ar; This a request for an echocardiogram.;</p> <p>This is a request for a Transthoracic Echocardiogram.;</p> <p>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.;</p> <p>It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.;</p> <p>This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.;</p> <p>The patient has shortness of breath; Known or suspected left ventricular disease.</p> <p>1 2020 Jan-Mar 2020</p>

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	stress test and 2d echo to evaluate for ischemia.;ELECTROCARDIOGRAM;SR with PVC's. No st-t wave abnormality suggestive of ischemia.;Congestive heart failure - FC II. Cont medical management.;Hyperlipidemia - 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.; HOSP F/U 11/05/2019 FOR CHF BUT VISIT ON 12/04/2019 PT INCREASED SOB WHEN WALKING, ETC..; There has been treatment or conservative therapy.; shortness of breath when walking.c/o shortness of breath on moderate exertion which gets better at rest. cannot walk more than a block due to dyspnea. Denies any chest pain or palpitations. No syncope.Denies any claudication.;recently in the hospital wit; PRESCRIBED WATER PILL FUROSEMIDE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	7 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Enter answer here - or Type In Unknown If No Info Given. This study is 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 >January 10,2020.; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >chest heaviness , pain in left arm and racing heart beat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/12/2020; There has not been any treatment or conservative therapy.; CHEST PAIN SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 02/14/2020; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Enter answer here - or Type In Unknown If No Info Given. >fax cl;inicals; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	eval for coronary artery disease and left ventricular; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Eval; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>evaluated for shortness of breath. She and her husband were at the races in Little Rock when she felt very winded. Having tenderness in her neck.;Gets a feeling in her throat, like she's going into atrial fibrillation but she is not. She is more SOB; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ?? NOT SURE, MAYBE 03/07/2020;HAS HX OF CAD AND COPD; It is not known if there has been any treatment or conservative therapy.; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>fibrillation with controlled ventricular response.;2.Abnormal EKG showing possibility of anteroseptal infarct and inferior infarct.;3.Hypertension: Controlled without CHF.;4.Dyslipidemia: On atorvastatin.; ;PLAN: ;1.Obtain lab work from prima; This study is being ordered for Vascular Disease.; fibrillation with controlled ventricular response.;2.Abnormal EKG showing possibility of anteroseptal infarct and inferior infarct.;3.Hypertension: Controlled without CHF.;4.Dyslipidemia: On atorvastatin.; ;PLAN: ;1.Obtain lab work from prima; There has not been any treatment or conservative therapy.; Hypertension, CHF; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	follow up for; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	follow up; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Follow-up (per patient request); Coronary Artery Disease (2013 CABG); Carotid Artery Disease (Hx: mild bilateral carotid disease); Hypertension; Hyperlipidemia; Shortness of Breath (He has noticed increased dyspnea as well as orthopnea over the past 8 wee; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	His family history of father having an early myocardial infarction indicates increased risk for William developing coronary artery disease in early adulthood. ;Recently discovered heart murmur and family history of ischemic 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.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>HX TIAABNORMAL EKG HYPERTENSION DIABETIC CHEST PAIN; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Hypertension, and Tobacco use. History of Mild Mitral Regurgitation, Pulmonary regurgitation & Tricuspid Regurgitation. Hyperlipidemia; Previous cath 02/06/2018 showed mild to moderate coronary artery disease. LAD 30-40% mid lesion; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Chest Pain with radiation to arm and hand. Occurs with rest and exertion with no relieving factors. Shortness of breath with minimal exertion. Palpitations both racing and fluttering. Bilateral leg pain and edema.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	INDUCIBLE ISCHEMIA; This study is being ordered for Vascular Disease.; 2015; There has been treatment or conservative therapy.; INDUCIBLE ISCHEMIA; BYPASS SURGERY, COMPLETE HEART BLOCK S/P PACEMAKER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Issues are as noted: This nice patient reports mild lightheadedness at times, especially when standing quickly. He;would likely benefit from a less aggressive anti hypertensive regimen as blood pressures are borderline low today;and he reports similar r; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Larry Johnson presents to the clinic today for an EKG prior to electrical cardioversion. EKG reveals atrial fibrillation with a ventricular rate of 82, QTc 479. The patient has been compliant with Eliquis therapy, as well as amiodarone. Procedure was re; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Mild ischemic cardiomyopathy with LV ejection fraction of 40% to 45%, apical akinesis.;CAD status post CABG in 06/2008 with LIMA - LAD, SVG - D1, SVG - RPDA; LHC 09/2018 with two drug-eluting stents to the uninterrupted left circumflex ;We will repeat ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>morbid obesity, chronic atrial fibrillation, hypertension, hyperlipidemia, type II diabetes, and rheumatoid arthritis. . She does have some mild shortness of breath with exertion classified as NYHA class II in severity.; 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 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.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>N/A; This study is being ordered for Vascular Disease.; 01012020; There has not been any treatment or conservative therapy.; PAROX AFIB/SOB W/ EXERTION AFTER SPONTANIOUS CARDIOVERSION IN THE ER/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020 Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>n/a; This study is being ordered for Vascular Disease.; Coronary artery disease of the native vessel, actively treated. ;Status post remote stenting of the intermediate vessel and right coronary artery in the past.;Hypertension.;Dyslipidemia.; There has been treatment or conservative therapy.; Coronary artery disease of the native vessel, actively treated. ;Status post remote stenting of the intermediate vessel and right coronary artery in the past.;Hypertension.;Dyslipidemia.; We will continue to focus on risk factor modifications. I have changed her clonidine from the PM to the HS. Just stay with the rest of her antihypertensive agents. ;If she needs surgery, given her limited activity and inability to walk 1-2 flights of sta; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020 Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	N/A; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; SOB/FATIGUE/EDEMA/AFIB CHF; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	N/A; This study is being ordered for Vascular Disease.; unknown.; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath. Palpitations aneurysm of the heart.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	na; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	none; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	none; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	onsultation and diagnostic testing, as needed. He has hypertension, hyperlipidemia, paroxysmal atrial fibrillation, nonischemic chronic systolic CHF, and history of cardiac arrest status post AICD. He moved here from Michigan recently and is here to esta; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Paroxysmal atrial fibrillation, heart murmur, fatigue;Hypertension.; 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 NOT for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Patient has congestive heart failure, mitral regurgitation, hypertension and precordial pain.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>patient is high risk due to hyperlipidemia, hypertension, chest pain, and copd; This study is being ordered for Vascular Disease.; first went to pcp on Jan 22, 2020; There has not been any treatment or conservative therapy.; Lana S Higgins is a 60 y.o.female who presents today to establish care as a new patient. She complains of chest tightness, that she describes as a pressure on her chest and on her back. She attributed it to her COPD. She complains of dyspnea at rest and o; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020 Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Patient reports current symptoms started about 2 months ago. She reports extreme fatigue. She states she just feels so tired and gets sob easily. She states she gets so winded and tired that she has to stop and take a break while getting ready in the 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.; 01/04/2020; There has not been any treatment or conservative therapy.; Shortness of Breath, Extreme Fatigue. Patient gets winded very easily in the morning while getting ready she has to take a break. She reports having palpitations.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020 Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Positive for dyspnea on exertion and leg swelling. Negative for chest pain, claudication, irregular heartbeat, palpitations and syncope. ;Respiratory: Positive for shortness of breath and sleep disturbances due to breathing (on 2L NC while sleeping).; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>pre op for knee replacement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-9-2020; There has not been any treatment or conservative therapy.; chest pain and SOB.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	pre-procedural workup for left ventricular assist device implantation; This study is being 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.; shortness of breath, fatigue and weakness, rapid/irregular heartbeat, reduced ability to exercise and persistent cough and wheezing.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	PT HAS KNOWN PAD WITH INTERMITTENT CLAUDICATION.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	Routine follow up following heart transplant; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Septal infarct, age undetermined; T wave abnormality, consider lateral ischemia; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	She does c/o dyspnea on exertion but no orthopnea, PND, palpitations.; dyspnea on exertion.; She was recently admitted at WRMC in 11/2019 with basal ganglion hemorrhagic stroke. She has h/o HTN but had no insurance and not on meds. She was started on bb, l; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	She has a blood pressure log that she brought in from home. Her systolic blood pressure has been running in the upper 80s to low 90s. She complains that she just does not feel well. She is fatigued, sluggish and has stopped taking her heart medications fo; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>She is referred for cardiac evaluation of her SOB and CP. She has "low BP and high HR". That has been going on for "years" but has been worse in the past 6 months. She has multiple medical issues that likely contribute to chronic pain. She has no prio; This study is being ordered for Vascular Disease.; "years"; There has not been any treatment or conservative therapy.; Shortness of Breath;Chest Pain at rest and on exertion;high heart rate; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020 Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>apnea.dyspnea on exertion;patient is 59 year old male with h/o HTN for last 3 years referred here for uncontrolled HTN, dyspnea.;;He has HTN for 3 years and used to be on HTCZ, losartan for 2 years and his BP was controlle; This study is 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 had elevated bp for 2-3 yrs but having dyspnea on exertion , sob etc.; There has been treatment or conservative therapy.; dyspnea on exertion , sob etc.; Essential hypertension - uncontrolled, has side effects with bb.;Stop metoprolol, start hydralazine.;Prior reaction to amlodipine.;Dyspnea - will order ischemia work up.;Echo to evaluate LHV, EF and diastolic dysfunction.;ELECTROCARDIOGRAM;;sinus r; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation</p>	1 2020 Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	STRUCTRUAL HEART DISEASE RULE OUT; This study is being ordered for Vascular Disease.; 03/05/2020; There has not been any treatment or conservative therapy.; CHEST PAIN/ BUNDLE BRANCH BLOCK/ SOB.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	SX OF HEAT PROBLEM; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	The patient is a very pleasant 79-year-old man who presents to the office today for follow-up. He does a past;medical history significant for coronary artery disease and did have CABG in 1985. The patient also has had;subsequent angioplasty of the RCA a; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This 65 year old female presents for Subclavian stenosis, CP and HTN.;PMH includes left carotid subclavian bypass and July 2016, had a left subclavian aneurysm that was repaired with embolization and thoracic aneurysm repair in September 2016 by Dr. Wrig; This study is being ordered for Vascular Disease.; 02/05/2019; There has not been any treatment or conservative therapy.; Shar stabbing Chest Pain, Shortness of Breath, Hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	10	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of 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	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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.	12 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	13 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	18 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	19 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	39 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if this request is for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	20 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	21 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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.	42 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	9 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is experiencing new or changing symptoms related heart valves.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	24	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	54	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	55	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	64	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	48 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	89 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	50 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	51 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	25 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	141 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	142 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	384 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	387 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	388 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	to check the status of the lv thrombus and ischemia on ekg; This study is being ordered for Vascular Disease.; 10/21/2018; There has been treatment or conservative therapy.; sob, chest pain; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	To follow up on the structure of the pulmonary venous since repaired TAPVR; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	unknown; This study is being ordered for Congenital Anomaly.; 01/31/2020; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, and palpitation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Unknown; This study is 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 1st 2019; There has not been any treatment or conservative therapy.; chest pain shortness of breath patient has been expercing extreme leg pain upon walking. patient has family history CAD .; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	UNKNOWN; This study is being ordered for Vascular Disease.; 01/14/2020; There has been treatment or conservative therapy.; SOB/CHEST PAIN/ABN EKG; MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	unknown; This study is being ordered for Vascular Disease.; more than a month ago; There has been treatment or conservative therapy.; chest pressure, sob, swelling in legs; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	VALVULAR STRUCTURE; This study is being ordered for Vascular Disease.; 03/01/2020; There has not been any treatment or conservative therapy.; SOB/ W/ EXERTION, HTN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Will fax clinicals.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	WILL FAX CLINICALS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Will FAX; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; OCTOBER 2019; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH ON EXERTION; CHEST PAIN; SYNCOPE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; UNKNOWN; There has been treatment or conservative therapy.; LEFT SIDED CHEST PAIN; DIZZINESS; SYNCOPE; UNKNOWN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe	; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	of the distal left common carotid;artery at the level the bulb does not have the typical appearance of;atherosclerotic plaque. The possibility of a solid mass is considered.;Recommend dedicated CT scan for mor; This study is being 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.; Mr. Lawrence Williams is a 50 y/o AAM with longstanding HTN which has been labile and difficult to control. The patient also has a long history of Tobacco Abuse and ETOH abuse. However, he claims that he has quit both habits as of December, 2019. The pa; 2.24.2020-Carotid doppler- Mass along the anterior wall of the distal left common carotid;artery at the level the bulb does not have the typical appearance of atherosclerotic plaque. The possibility of a solid mass is considered. ;2.24.2020-MRI Brain- ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement,	Previous echo showed cardiac mass; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and management of infective endocarditis.; The patient is 18 years of age or older.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	36 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac devise (artificial valve, pacemaker, ASD closure device etc); The patient is 18 years of age or older.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,</p>	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - 02/13/2020; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; NOVEMBER 2017; It is not known if there has been any treatment or conservative therapy.; Shortness of breath.; Coronary artery disease without significant angina. ;Heart murmur.;Hypertension.;Hypothyroidism.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Chest pain with some atypical features, possibility of progression of coronary artery disease and angina pectoris.;2.Status post PCI of the LAD.;3.Hypertension.;4.Hyperlipidemia.; ;PLAN: The patient was advised stress echo for further evaluation g; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with	ekg showed interior myocardial infarction;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/13/2020; There has not been any treatment or conservative therapy.; atypical chest pain; ischemia;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; , hypertension; testing, pci; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	Patient with hx of CAD and hyperlipidemia, needing workup to re-access.; This study is being ordered for Vascular Disease.; 12/01/2019; There has been treatment or conservative therapy.; Chest pressure, SOB, palpitations, weakness and fatigue, shaking; lifestyle changes to ease symptoms which has not worked.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle	Plans for TURP/ urological surgery for prostate in Little Rock in the near future. ;Vss. ;Discussed he needs a nuclear or stress echo prior to surgery, will obtain stress echo for preoperative evaluation. He has left hip discomfort but would rather hav; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; ; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; single-vessel disease with a 50% lesion in the mid LAD; LV function normal, including normal end-diastolic pressure; Peripheral Vascular; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.	10 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had a recent non-nuclear stress test.; CHF follow up; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	23 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	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 is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>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 65 year old female presents for Palpitation.;Marie Bounds 65yr Female New pt palpitations ;Family history of DM2, HTN, Cancer;Echo 9/13; The Ejection Fraction estimate is 55-60%.The left ventricular wall motion is normal. Right ventricular systoli; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,</p>	<p>The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."</p>	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular</p>	<p>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.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	14 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	173 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	182 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	184 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; It is not known if the member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,		This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; It is not known if the member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Mcneese had sudden onset of vertigo and nausea about 11:00 PM last night. He threw up several times. He had central chest pain and shortness of breath that lasted about 10-15 min and recurred at intervals. He went to Dardanelle ER last night and was d; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	THE PT IS STATUS POST CORONARY ARTERY BYPASS GRAFTING AND IS STATUS POST LEFT CAROTID ENDARTERECTOMY. HE HAS IRREGULAR RHYTHM BY EXAM TODAY.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OCTOBER 2019; There has been treatment or conservative therapy.; STROKES; PT STARTED TAKING ELIQUIS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Solitary nodule of lung;R91.1: Solitary pulmonary nodule;CT, CHEST, W/O CONTRAST; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Suspected hiatal hernia. Patient complains of chest pain associated with nausea and vomiting.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/08/2018; There has been treatment or conservative therapy.; CAD; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 12/03/2019; There has been treatment or conservative therapy.; chest pain swelling lower extremities, atypical a flutters; diagnostic Cath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 2006; There has been treatment or conservative therapy.; screening for abdominal aorta to evaluate abdominal aneurism (aortic); basic treatment in 2006, surgery, 2016 had another surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	follow up Post TEVAR and left carotid subclavian bypass.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; It is not known whether there is physical evidence of re-bleed or re-stenosis.; It is not known whether there is physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	history of thoracic aneurysm, previous endovascular stent graft placement and left subclavian bypass; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; It is not known whether surgery is scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	shortness of breath, facial drooping,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2019; There has not been any treatment or conservative therapy.; patient went to hospital in November had a stroke; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Stephanie McMellon Dr Harton/Magellan Health 800-450-7281 Pt: Jerry Laws 05/25/69 .Pt's Dr: Stephanie McMellon Clr said the testing from the transthoracic echo and myocardial perfusion study were inconclusive and preliminary findings require further;test; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 1996; There has been treatment or conservative therapy.; eval of right ventricular volume. Having arrhythmia.; cardiac cath.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 12/03/2019; There has been treatment or conservative therapy.; chest pain swelling lower extremities, atypical a flutters; diagnostic Cath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 2006; There has been treatment or conservative therapy.; screening for abdominal aorta to evaluate abdominal aneurism (aortic); basic treatment in 2006, surgery, 2016 had another suirgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	74185 Magnetic resonance angiography,	Radiology Services Denied Not Medically Necessary	This is a request for a MR Angiogram of the abdomen.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75557 Cardiac magnetic resonance	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material,	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	E66.01 Morbid obesity ;; Z68.42 Body mass index (BMI) of 45.0-49.9 in adult ;; G47.33 Obstructive sleep apnea (adult) (pediatric) ;; Z99.89 Dependence on other enabling machines and devices; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	HPI: ; Mr. Lovins is a 69 y/o male with h/o HTN, Renal cancer (surgery 9/2018; s/p chemo), Aortic Sclerosis, and SVT (SMH 3/2013) here for 2 week follow up. ; On last visit, c/o Mild (NYHA/CCS II), SOB that is worse with exertion. Not assoc; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative	Radiology Services Denied Not Medically Necessary	pt. here for cardiac workup- hx of HTN. Family hx of CABG, CAD and stroke. today's ECG demonstrates SR; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function,	Radiology Services Denied Not Medically Necessary	I will cancel the order for myocardial scan, put in in error.;pt has syncope and sob as well as palpitations; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Mr. Edgardo Roldan is a 59 y/o Hispanic male with history of HTN but otherwise generally healthy. However, he says he does not always take his BP medication and at times his BP runs high. He apparently does not keep regular follow up with his PCP. The pa; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of	Radiology Services Denied Not Medically Necessary	Patient with complaint of chest pain/pressure and short of breath. Patient states she has a history of heart attack in 2017. Patient had a left heart catheterization and was told coronary arteries were normal.; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	5	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, quantitative or	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2020; There has been treatment or conservative therapy.; HTN/FATIGUE/BRADYCARDIA; N/A; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; HX: Myocardial bridge of coronary artery.;Chest pain;Diastolic dysfunction;BP 180/104; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN;DIAPHORESIS;NAUSEA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PRE-CARDIAC CLEARANCE, SOB, PAROXYSMAL AFIB; There has not been any treatment or conservative therapy.; SOB/PRE-OP CARDIO CLEARANCE/PAROXYSMAL AFIB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 02/03/2020; There has not been any treatment or conservative therapy.; CHEST PAIN ;SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; N/A; There has not been any treatment or conservative therapy.; SOB W EXERTION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; HTN/HYPERLIPIDEMIA/PALPS/CHEST PAIN/SOB/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	#1 angina: She's been experiencing some symptoms of chest discomfort mainly in the evening hours. She describes a fullness or tightness in her chest. It occurs about 2-3 times a week. They usually last for several minutes and will resolved. Doesn't appear; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	#1 coronary artery disease: His recent CT scan of the chest revealed dense calcification in the LAD. He doesn't have a history of documented coronary artery disease. His father did undergo bypass grafting in his mid 60s. He's not really having any chest p; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	01. Body mass index (BMI) 34.0-34.9, adult;02. Chronic a-fib;03. Thoracic aneurysm without mention of rupture;1. chest pain. Note typical and atypical features. Also reports neck pain which appears musculoskeletal in nature. ;2. History of atrial fib.; This study is being ordered for Vascular Disease.; 07/10/2019; There has not been any treatment or conservative therapy.; chest pain;Thoracic aneurysm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	47-year-old female with history of diabetes, dyslipidemia presents with evaluation of chest painShe reports substernal chest pain/pressure that last for variable amount of time aggravated by exertion and relieved by rest. It radiates to her neck. Sympto; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	57yo new patient with HTN, DM, hypothyroidism here after KTB with elevated coronary calcium score ; dad premature cad ; no cardiac symptoms ; unintentional 20-30 pound weight loss, might have eaten a little better ; right leg p; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	abnormal ecg and ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	Abnormal EKG; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/14/2020; There has not been any treatment or conservative therapy.; Patient is chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	ADDITIONAL CLINICALS TO BE FAXED.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; DECEMBER, 2019; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Angina, HTN, DOE, Hyperlipidemia, FM HX; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	atriofib, ejection fraction of 35 %, shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	cabg hx, cad, bilateral stenosis, htn.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	chest discomfort associated with lightheadedness and dizziness;;EKG shows sinus rhythm with nonspecific ST and T wave changes;;diabetes type 2;;bmi 30; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	chest pain which radiates in her left neck and arm of her left chest;;strong family history; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	Chest: Visualized lung bases are clear. Normal cardiac size. Coronary artery;calcifications.; This study is being ordered for Vascular Disease.; More than one month ago; There has been treatment or conservative therapy.; coronary deposits on cta; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	CLINICALS FAXED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; DECEMBER, 2019; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	Complains of constant chest pain/pressure that radiates to her neck, shoulder and arm with associated shortness of breath. She is easily fatigued and is a current smoker.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	Complains of dizzy spells and syncope. Passed out one time when he was carrying dirty laundry. Notices dizziness when he gets up from sitting position.Has occasional palpitations and sharp chest pains.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	COULD BE CARDIAC RELATED; This study is being ordered for Vascular Disease.; 03/05/2020; There has not been any treatment or conservative therapy.; ABD PAIN WORSE AFTER FOOD.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	CP one time that lasted 20 mins and went away. She didn't have any nausea or diaphoresis at the time. She went to the ER after going to her physician for hypertension and the CP. In the ER the workup was negative. Her ECG did show LVH. She was scheduled f; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	due to htn, chest pain, and sob, combined with family history of cad, doctor wants to rule out cardiac issues; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; He complains of few episode of chest tightness with "a mushy feeling going down my left arm" He also stated he get dizzy periodically. "Through this past year I have had some dizziness." He denies swelling of extremities and palpitations. His mother ha; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Dull pain cardiac arrythmia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2019; There has not been any treatment or conservative therapy.; CP palpitations cannot sleep; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	EKG was done & abnormal; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is 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 >January 10,2020.; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >chest heaviness , pain in left arm and racing heart beat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/16/2020; There has been treatment or conservative therapy.; Pt chest pain, fatigue and shortness of breath Abnormal EKG; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 WEEKS AGO; There has not been any treatment or conservative therapy.; PALPATATIONS, DISCOMFORT, BURNING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	Experiencing SOB and chest discomfort with activity; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	fibrillation with controlled ventricular response.;2.Abnormal EKG showing possibility of anteroseptal infarct and inferior infarct.;3.Hypertension: Controlled without CHF.;4.Dyslipidemia: On atorvastatin.; ;PLAN: ;1.Obtain lab work from prima; This study is being ordered for Vascular Disease.; fibrillation with controlled ventricular response.;2.Abnormal EKG showing possibility of anteroseptal infarct and inferior infarct.;3.Hypertension: Controlled without CHF.;4.Dyslipidemia: On atorvastatin.; ;PLAN: ;1.Obtain lab work from prima; There has not been any treatment or conservative therapy.; Hypertension, CHF; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Follow-up for precordial chest pain with borderline stress EKG, cardiac dysrhythmia, aortic root dilatation, essential hypertension, hypertensive heart disease, nonrheumatic mitral and tricuspid insufficiency, family history of coronary artery disease. B; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Further evaluation with Lexiscan nuclear ST and echo. She cannot exercise well enough for a TMST. Her EKG is abnormal at baseline as well.; This study is being ordered for Vascular Disease.; She is referred for evaluation of SSCP. Her pain has been intermittent and at rest. It is mid sternal and associated with SOB and occasional palpitations but no N/V or diaphoresis. She has had increased fatigue. She has known hypertension, and GERD. ; There has been treatment or conservative therapy.; substernal chest pain;shortness of breath;palpitations; medication;losartan 50 mg Oral tablet25 mg 2 (two) times daily.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Hospital F/U with new onset CHF.;Patient has been c/o shortness of breath on moderate exertion which gets better at rest. cannot walk more than a block due to dyspnea. Denies any chest pain or palpitations. No syncope.Denies any claudication.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/25/2019; There has been treatment or conservative therapy.; Dyspnea on exertion -;Will get Nuclear stress test and 2d echo to evaluate for ischemia.;R06.09: Other forms of dyspnea; water pill while in hosp, dx w new chf,continue to have sob, Dyspnea on exertion -;Will get Nuclear stress test and 2d echo to evaluate for ischemia.;R06.09: Other forms of dyspnea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Hx cad and htn and hyperlipidemia, having chest pain. stable continue Plavix. ;Cardiovascular Procedure - 12/16/2016 - PCI/DES Mid RCA;Cardiovascular Procedure - 12/16/2016 - Left Heart Cath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	hx of smoking, copd,; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	I20.9 Angina pectoris ;; I10 Hypertension ;; F17.200 Smoker ;; Z82.49 Family history of early CAD ;; I20.0 Unstable angina ;; I25.10 CAD (coronary artery disease) ;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	I49.9 Irregular heart beat ;; I10 HTN (hypertension) ;; I45.2 RBBB (right bundle branch block with left anterior fascicular block) ;; I49.3 PVC (premature ventricular contraction); The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	intermittent CP occurs at rest radiates left breast;;numbness/heaviness in left arm;;hyperlipidemia;;bmi 33;;diabetes mellitus type 2; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	KNOWN CAD - COMPLAINTS OF CHEST PAIN FROM 10 DAYS AGO - RADIATES DOWN LEFT SIDE DOWN ARM. IMPROVED WITH REST AND AGGREGATED W/EXERTION. KNOWN 40% NARROWING IN OM; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	KNOWN CAD WITH INTERVENTIONS, WORSENING CHEST PAINS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	KNWON CAD WITH INTERVENTIONS, CHEST PAINS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Left heart cath in 2009; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Mid sternal pain - intermittent episodes, each time few minutes, dull ache in nature. Takes nitro intermittently with some relief. ;Random occurrences of pain. No other symptoms associated. Pertinent history includes: Paroxysmal SVT, hypertension, hyperl; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Mr Alford is a 50 year old male referred for CHF. He was seen in the HRMC ED for this 1/2019. He was given a shot of Lasix and sent home. He was having a cough and orthopnea prior to that. He is now on PO Lasix and his breathing is better and no more coug; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Creer has new onset of shortness of breath, palpitations, dizziness, fatigue, and paresthesia. He has a history of hypertension and vertigo. Therefore, a treadmill stress test might put the patient at risk for injury. He also had an abnormal EKG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	Mr. Wright has had multiple surgeries to feet, knee, and legs. Due to leg pain when trying to ambulate along with unsteady gait he is unable to complete a treadmill stress test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Mrs. Jenkins is complaining of shortness of breath, chest pain, pain in right arm and numbness. The last request for and RCST was denied, and it was suggested that she have a treadmill stress test. Mrs. Jenkins suffers from chronic back pain, has a BMI of; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	Ms. Gadberry is a 66 yo wmn she was seen for pre op eval for cataract surgery, HR was 150 ; She was hospitalized at CMH last month for n/v, weakness, sob. She was told she had afib, had Lovenox injections. She reports was being relocated for her a; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	Ms. Walls presents for initial EP consultation. She states she was in ADC and they informed her that she has a murmur by ECG. She has some occasional episodes of chest pain, palpitations, and dizziness at times. She does get SOB with activity but also has; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for Vascular Disease.; 01/03/2020; There has not been any treatment or conservative therapy.; sob/ palps/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for Vascular Disease.; Coronary artery disease of the native vessel, actively treated. ;Status post remote stenting of the intermediate vessel and right coronary artery in the past.;Hypertension.;Dyslipidemia.; There has been treatment or conservative therapy.; Coronary artery disease of the native vessel, actively treated. ;Status post remote stenting of the intermediate vessel and right coronary artery in the past.;Hypertension.;Dyslipidemia.; We will continue to focus on risk factor modifications. I have changed her clonidine from the PM to the HS. Just stay with the rest of her antihypertensive agents. ;If she needs surgery, given her limited activity and inability to walk 1-2 flights of sta; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for Vascular Disease.; NOVEMBER 2019; There has not been any treatment or conservative therapy.; due to chest pain; he states that this usually occurs at rest or with exertion. The pain can last anywhere from 30 minutes to an hour. He states that some days he can walk to the park without having chest pain but other days develops pain with minimal exe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for Vascular Disease.; unknown.; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath. Palpitations aneurysm of the heart.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	No Stress Echos done within 60 mile radius. ;#1 angina: She's been experiencing symptoms of chest discomfort of the past few months. She states she's been trying get over sinus infection. She feels a fullness or pressure in her chest. It is not associate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	No Stress echos done within 60 mile radius. ;1 chest pain;#2 palpitations;#3 hypertension;;;Impression/plan;;Her palpitations and blood pressure are well controlled on metoprolol 50 mg daily. As of late she has been experiencing sharp left-sided ch; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	No Stress Echos Done within 60 mile radius. ;Angina;Unable to walk 100 feet;COPD;DM II; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Radiology Services Denied Not Medically Necessary	No Stress Echos done within 60 mile radius. ;Patient has angina, Hyperlipidemia, patient also has COPD so is unable to walk to the treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	No Stress Echos done within 60 mile radius. Angina, SOB, HTN, High Cholesterol, 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 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Radiology Services Denied Not Medically Necessary	No Stress Echos done within 60 mile radius. Patient having CP, HTN, Angina, Ongoing tobacco use, systolic ejection murmur. Patient took nitroglycerin to relieve CP.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	No Stress Echos Done within 60 mile radius. SOB, FM HX, Abn-EKG with none-specific ST-T abnormality.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	office today for a ER visit follow-up by request. Patient presented to the ER yesterday with having an acute onset of SSCP that radiated to his left shoulder and arm. He reports having SOB with the pain. He denies N/V or diaphoresis with the pain. He does; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	Over past 2 months, LLE pain returned now R starting to hurt. Has pain in thigh and calf even at rest. ; ;Vital Signs ;HR 62 /min, BP 123/73 mm Hg, Ht 61 in, Wt 125 lbs, BMI 23.62 Index, Oxygen sat 98 %, Pain scale 0 1- 10. ; ;Assessments ; ;1. PVD ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Patient had 15 minutes of palpitations, with HR 167, associated fluttering/palpitations this past Friday. She also complains of chest pain and palpitations over the last few days. Patient has persistent a-fid, hypertension, dyslipidemia, obstructive sleep; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	Patient has CAD, PAF, diastolic dysfunction, syncope, HTN, pure hypercholesterolemia, type 2 diabetes, is a smoker, has chest pain, and shortness of breath; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	Patient has history of high blood pressure. Complains mainly of shortness of breath, having some chest pain, she smokes a pack a day. She has high cholesterol, COPD, Chrons disease, kidney failure and a heart murmur.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	Patient has risk factors for CAD, such as diabetes, hypertension, tobacco use, high cholesterol, BMI of 38.52, and family history of CAD.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Patient is experiencing precordial chest pain associated with shortness of breath. Tachycardia, hypertension, COPD, 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 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	PATIENT IS PRE-DIABETIC WITH A1C OF 5.7, PROMINENT FAMILY HX OF DIAVETES AND EARLY CAD.; This study is being ordered for Vascular Disease.; Respiratory: Positive for cough, chest tightness, shortness of breath and wheezing. ;Cardiovascular: Positive for chest pain. Negative for palpitations and leg swelling.; There has not been any treatment or conservative therapy.; CHEST PAIN;SHORTNESS OF BREATH;CHEST TIGHTNESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	patient referred by primary physician for increasing chest pain, shortness of breath and lower ext. edema; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	patient seen in office with complaint of increasing chest pain, shortness of breath and fatigue; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient with a history of coronary artery disease and has had an angioplasty in the past has worsening chest pain and shortness of breath over the last 6 months. Patient is classified as high risk. Patient is Type II diabetic on Metformin and is treated f; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Patient with a history of hypertension, tobacco abuse, chronic back pain, fatigue, shortness of breath, and decreased exercise tolerance. Patient has an abnormal ECG that shows a normal sinus rhythm with a possible infarct.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	patient with htn, dyslipidemia, diabetes and obesity and fatigue. she has lower orthopedic issues and can not walk on treadmill; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Pt has a 2/6 systolic murmur.;Pt Last creatinine was 3.8 and His glucose was 236. pt gets short of short of breath if he walks 50 feet to the mailbox and back; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	pt has nicotine dependence, hypertension, loss of appetite; chronic hepatitis C, and alcoholism. EKG show left axis deviation; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Pt has sob, chest pain/recurrent .Mild carotid bruit.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	pt has type 2 Diabetes mellitus. Diabetes with diabetic retinopathy. Hypertensive heart disease. Pt is shortness of breath. Pt is hyperlipidemia and pt has history of tachycardia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Random;- radiates to left arm ;- Will order a treadmill stress test for further risk stratification;- ECG doesn't show overt signs of ischemia but has non-specific t wave changes;- Given the risk factors, and high likelihood of Ischemic heart disease,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Richard B Reed was seen in the emergency room in the middle of December with a syncopal episode. He says this was the second syncopal episode. He was sitting in the bed, started feeling weak and dizzy, began to have some abdominal pains and cramping. He d; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	She does c/o dyspnea on exertion but no orthopnea, PND, palpitations.;dyspnea on exertion.;She was recently admitted at WRMC in 11/2019 with basal ganglion hemorrhagic stroke. She has h/o HTN but had no insurance and not on meds. She was started on bb, l; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	She is here for a new patient evaluation. She was seen in the ER in January. At that time she had SOB and CP. She is diabetic and has noted SSCP, increased SOB and DOE as well as palpitations. She has known COPD from smoking and prior GERD. The PCP's; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	She is referred back to me by the Arcare clinic. She had a prior visit in July of 2018. She had a normal nuclear sT then with an EF of 78%. She also had a normal echo. She has a prior similarly normal cardiac workup with Dr. Geoghagan in 2014. She ha; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>She is referred for cardiac evaluation of her SOB and CP. She has "low BP and high HR". That has been going on for "years" but has been worse in the past 6 months. She has multiple medical issues that likely contribute to chronic pain. She has no prio; This study is being ordered for Vascular Disease.; "years"; There has not been any treatment or conservative therapy.; Shortness of Breath;Chest Pain at rest and on exertion;high heart rate; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>apnea.dyspnea on exertion;patient is 59 year old male with h/o HTN for last 3 years referred here for uncontrolled HTN, dyspnea.;;He has HTN for 3 years and used to be on HTCZ, losartan for 2 years and his BP was controlle; This study is 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 had elevated bp for 2-3 yrs but having dyspnea on exertion , sob etc.; There has been treatment or conservative therapy.; dyspnea on exertion , sob etc.; Essential hypertension - uncontrolled, has side effects with bb.;Stop metoprolol, start hydralazine.;Prior reaction to amlodipine.;Dyspnea - will order ischemia work up.;Echo to evaluate LHV, EF and diastolic dysfunction.;ELECTROCARDIOGRAM;;sinus r; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	shortness of breath when walking. Coronary arteriosclerosis; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	Sunitaben Patel is a 46 y.o. female who recently presented to the ER with dizziness and blurred vision. EKG showed normal sinus rhythm with T wave inversions, rate 75. She is here today to establish care.; Patient's daughter states patient had been dizzy ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	SVT/palpitations. Patient with history of paroxysmal atrial fib apparently overnight had;issues with SVT and a-flutter. We are going to increase his Cardizem to 240 mg and follow;up with him in two weeks in clinic. We will obtain an echo and plan to hav; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Syncope and collapse x 2;;palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	The visual disturbance always precedes the chest discomfort but it is a sensation of tightness or pressure in his chest. However, he has had episodes of chest pressure that are unrelated to these visual disturbances. He says these always occur when he is; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	This is a cardiology consultation for this 26-year-old lady. She comes with a recent onset of chest pains. Started about a week ago. She was in the emergency room at St. Vincent's North and had a negative evaluation there. She describes a squeezing midste; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	20 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	out cardiac given hx of chest pain, also could be postural tachycardia syndrome (POTS)- will do a tilt table +midodrine trial if patients symptoms don't resolve with above measures; This study is being ordered for Vascular Disease.; She presents with an episode history of single syncope. The most recent episode occurred more than 2 days ago.She states that it lasts 5 minutes. The problem is resolved. This is an new problem. Associated symptoms: dizziness and shortness of breath.; There has been treatment or conservative therapy.; She presents with an episode history of single syncope. The most recent episode occurred more than 2 days ago.She states that it lasts 5 minutes. The problem is resolved. This is an new problem. Associated symptoms: dizziness and shortness of breath.; The patient was counseled on the dangers of tobacco use, and was advised to quit.; Reviewed strategies to maximize success. ;Cessation plan reviewed with patient. ;She just quit smoking;Increased water & salt intake, Start using TED Hose, Stop Caffein; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT,	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Treadmill stress test is abnormal. It demonstrated hypotension, but no symptoms as described. EKG changes are abnormal, but unfortunately not completely diagnostic with the resting abnormalities. Would recommend further cardiac consultation as clinically ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Unable to walk on treadmill due not being able 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 patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/09/2020; There has not been any treatment or conservative therapy.; palpitations, random sharp pains on the left side of the chest,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	Unknown; This study is 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 1st 2019; There has not been any treatment or conservative therapy.; chest pain shortness of breath patient has been expercing extreme leg pain upon walking. patient has family history CAD .; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for Vascular Disease.; 01/14/2020; There has been treatment or conservative therapy.; SOB/CHEST PAIN/ABN EKG; MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	Ventricular ectopy.;2.Hypertension: Controlled without CHF.;3.Obstructive sleep apnea: Noncompliant with CPAP mask.;4.Overweight.;5.Dyslipidemia: On Crestor.;6.History of breast cancer.;7.History of mitral valve prolapse.; ;PLAN: ;1.A ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	WILL FAX ADDITIONAL.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2019 FOR SYNCOPE;;LAST 8 MONTHS WITH CHEST PAIN; There has not been any treatment or conservative therapy.; sharp midsternal chest pain that lasts a few seconds 3-4 times a day for the past 8 months. Patient reports having severe headaches daily. Patient reports having severe dizzy spells about once every 3 months and will black out sometimes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	WILL FAX CLINICALS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 MONTHS AGO; There has not been any treatment or conservative therapy.; SUBSTERNAL CHEST PAIN THAT RADIATES TO BACK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	WILL FAX CLINICALS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	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.; UNKNOWN; There has been treatment or conservative therapy.; LEFT SIDED CHEST PAIN; DIZZINESS; SYNCOPE; UNKNOWN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	, due to an abnormal calcium score. His score at Baxter Regional Medical Center showed him to have a left main coronary artery calcium score of zero, a left anterior descending calcium score of 182.3, left circumflex calcium score of 91.2, right coronary; 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 shortness of breath; Known or suspected left ventricular disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2020; There has been treatment or conservative therapy.; HTN/FATIGUE/BRADYCARDIA; N/A; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - 02/13/2020; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; HX: Myocardial bridge of coronary artery.;Chest pain;Diastolic dysfunction;BP 180/104; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN;DIAPHORESIS;NAUSEA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; NOVEMBER 2017; It is not known if there has been any treatment or conservative therapy.; Shortness of breath.; Coronary artery disease without significant angina.; Heart murmur.; Hypertension.; Hypothyroidism.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT HAVING CHEST PAIN AND ELEVATED BP FOR THE PAST MONTH. BP 233/99 Chest pain is located to substernal chest, radiates to left arm. No jaw pain. Worse on exertion and relieved with rest.HAS SOB, KNOWN HEART MURMUR; It is not known if there has been any treatment or conservative therapy.; PT HAVING CHEST PAIN AND ELEVATED BP FOR THE PAST MONTH. BP 233/99 Chest pain is located to substernal chest, radiates to left arm. No jaw pain. Worse on exertion and relieved with rest.HAS SOB, KNOWN HEART MURMUR; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN 5-6 WEEKS; It is not known if there has been any treatment or conservative therapy.; Patient says anytime she goes from sitting to standing she almost faints and one time she did completely loose causations. complaining of episodes of palpitations which she describes as racing of her heart. No skipped beats. She does complain that in last; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 01/22/2020; There has been treatment or conservative therapy.; SOB/HTN/CAD W/O ANGINA/ ABN EKG; CABG/PTCA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 02/03/2020; There has not been any treatment or conservative therapy.; CHEST PAIN ;SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; January 20 2020 is first documented as she has not seen a physician in some time; There has been treatment or conservative therapy.; She describes SS chest tightness at rest and with exertion. The pain is coming on with less activity. She has SOB and DOE but no orthopnea or PND.; medication and stress reduction; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	01. Body mass index (BMI) 34.0-34.9, adult;02. Chronic a-fib;03. Thoracic aneurysm without mention of rupture;1. chest pain. Note typical and atypical features. Also reports neck pain which appears musculoskeletal in nature. ;2. History of atrial fib.; This study is being ordered for Vascular Disease.; 07/10/2019; There has not been any treatment or conservative therapy.; chest pain;Thoracic aneurysm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	71 y.o. female with history of palpitations who presents today for a new patient evaluation. Sharon Ann Conaway complains of palpitations. Palpitations occur about 2 times per week and lasts for a few seconds. Feels like fast beats for 1-2 seconds then ; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	ABN TEST; This study is being ordered for Vascular Disease.; 03/18/2020; There has not been any treatment or conservative therapy.; ABN CALC SCORE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Abnormal EKG; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/14/2020; There has not been any treatment or conservative therapy.; Patient is chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Abnormal EKG; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/16/2020; There has not been any treatment or conservative therapy.; Chest pain and bradycardia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	ADDITIONAL CLINICAL WILL FAXED.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/27/2019; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	BRADYCARDIA; This study is being ordered for Vascular Disease.; CHRISTMAS 2019; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATHE; CHEST PAIN; DIZZINESS; SLEEP APNEA; SYNCOPE; FALLS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	Bypass; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Radiology Services Denied Not Medically Necessary	cardiac murmur;HTN; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	CHEST PAIN WITH EXERTION, GETS BETTER WITH REST, NO RADIATION. HAS HAD 2 EPISODES OF SYNCOPY, NO HX OF CAD, NO HX DM, QUIT SMOKING 1996, DOES HAVE HTN AND HYPERLIPIDEMIA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Radiology Services Denied Not Medically Necessary	COULD BE CARDIAC RELATED; This study is being ordered for Vascular Disease.; 03/05/2020; There has not been any treatment or conservative therapy.; ABD PAIN WORSE AFTER FOOD.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	CP one time that lasted 20 mins and went away. She didn't have any nausea or diaphoresis at the time. She went to the ER after going to her physician for hypertension and the CP. In the ER the workup was negative. Her ECG did show LVH. She was scheduled f; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Dietary management education, guidance, and counseling; Hypertension education; This study is being ordered for Vascular Disease.; History of COPD history of hypertension history of GERD patient is complaining of chest pain described as pressure sensation in the middle of the chest no radiation not related to exertion with progressive shortness of breath she denies any palpitation or; There has not been any treatment or conservative therapy.; History of COPD history of hypertension history of GERD patient is complaining of chest pain described as pressure sensation in the middle of the chest no radiation not related to exertion with progressive shortness of breath she denies any palpitation or; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	due to htn, chest pain, and SOB, combined with family history of CAD, doctor wants to rule out cardiac issues; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; He complains of few episode of chest tightness with "a mushy feeling going down my left arm" He also stated he get dizzy periodically. "Through this past year I have had some dizziness." He denies swelling of extremities and palpitations. His mother has; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Dull pain cardiac arrhythmia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2019; There has not been any treatment or conservative therapy.; CP palpitations cannot sleep; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Dyspnea on exertion - 2 day study MPI unremarkable. Needs echo.; Coronary arteriosclerosis in native artery - s/p CABG in 2015.;Carcinoma in situ of kidney.;Body mass index 40+ - severely obese, hypertension,Hyperlipidemia; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	ekg showed inferior myocardial infarction;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/13/2020; There has not been any treatment or conservative therapy.; atypical chest pain; ischemia;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/08/2018; There has been treatment or conservative therapy.; CAD; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/16/2020; There has been treatment or conservative therapy.; Pt chest pain, fatigue and shortness of breath Abnormal EKG; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/18/20; There has not been any treatment or conservative therapy.; Dizziness, nausea, chest pain, abnormal EKG, cardiac murmur; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 weeks; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 WEEKS AGO; There has not been any treatment or conservative therapy.; PALPATATIONS, DISCOMFORT, BURNING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; , hypertension; testing, pci; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing; There has not been any treatment or conservative therapy.; Will fAX; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	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.; 2/6/20; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Patient is a very nice 78-year-old woman who comes in today for evaluation. She has history;of severe CAD including remote stent deployment. Her most recent cardiac catheterization/last year? 20% left;main di; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Radiology Services Denied Not Medically Necessary	Follow-up for Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris;Pt has diabetes mellitus. Pt is hyperlipidemia. Abnormal findings on diagnostic imaging of heart and coronary circulation.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	FOLLOW UP; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Further evaluation with Lexiscan nuclear ST and echo. She cannot exercise well enough for a TMST. Her EKG is abnormal at baseline as well.; This study is being ordered for Vascular Disease.; She is referred for evaluation of SSCP. Her pain has been intermittent and at rest. It is mid sternal and associated with SOB and occasional palpitations but no N/V or diaphoresis. She has had increased fatigue. She has known hypertension, and GERD. ; There has been treatment or conservative therapy.; substernal chest pain;shortness of breath;palpitations; medication;losartan 50 mg Oral tablet25 mg 2 (two) times daily.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Had EKG at PCP.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/22/2020; There has been treatment or conservative therapy.; Chest pain, radiating to chest and neck area. Shortness of breath. Exertion.; Medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Radiology Services Denied Not Medically Necessary	He has hist of CAD and ASCVD.; This study is being ordered for Vascular Disease.; unknown.; There has not been any treatment or conservative therapy.; Patient has abnormal ECG and underweight.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Radiology Services Denied Not Medically Necessary	Hospital F/U with new onset CHF.;Patient has been c/o shortness of breath on moderate exertion which gets better at rest. cannot walk more than a block due to dyspnea. Denies any chest pain or palpitations. No syncope.Denies any claudication.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/25/2019; There has been treatment or conservative therapy.; Dyspnea on exertion -;Will get Nuclear stress test and 2d echo to evaluate for ischemia.;R06.09: Other forms of dyspnea; water pill while in hosp, dx w new chf,continue to have sob, Dyspnea on exertion -;Will get Nuclear stress test and 2d echo to evaluate for ischemia.;R06.09: Other forms of dyspnea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	Hypertension, peripheral edema, lightheadedness, family history of cardiac disease and COPD; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	it has been over 3 years from last ech and want to check on the function of the left ventricular seeing as it has been 5 years since his CL LT HEART CATHETERIZATION; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for Vascular Disease.; 01/03/2020; There has not been any treatment or conservative therapy.; sob/ palps/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for Vascular Disease.; NOVEMBER 2019; There has not been any treatment or conservative therapy.; due to chest pain; he states that this usually occurs at rest or with exertion. The pain can last anywhere from 30 minutes to an hour. He states that some days he can walk to the park without having chest pain but other days develops pain with minimal exe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for Vascular Disease.; UNK; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH; CHEST PAIN; CAD W/ ANGINA; FATIGUE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Vascular Disease.; 2018; There has been treatment or conservative therapy.; CP, shortness of breath; Cardiac Rehab and Stents; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Normal rate, regular rhythm and intact distal pulses. PMI is not displaced. Exam reveals no gallop and no friction rub.; Murmur heard.; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	obese ;history CHF; Stroke; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/06/2020; There has been treatment or conservative therapy.; abnormal EKG; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	ORDERING FOR MEDICAL CLEARANCE FOR EGD/COLONOSCOPY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; ORDERING FOR MEDICAL CLEARANCE FOR EGD/COLONOSCOPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	pain has significant hx of cAD WITH 3V CABG.; This study is being ordered for Vascular Disease.; He is here for a follow up on CAD with prior CABG. He has been doing well. He has some dull and sharp left lateral pain. He has had the pain for "a couple of weeks". He had some recent URI symptoms and SOB with that. He denies any increased shortnes; There has been treatment or conservative therapy.; chest pain; decrease salt intake, increase exercise as tol, increase fluid intake; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient has been c/o shortness of breath on moderate exertion which gets better at rest. Denies any chest pain or palpitations. No syncope. Denies any claudication.;;Patient has severe cervical stenosis and getting scheduled for surgery near future.2014; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	Patient has dyspnea on exertion, history of diabetes and hypertension.;Will need ischemic work-up and echocardiogram.;Patient has baseline ST-T wave changes, has osteoarthritis and cannot walk on treadmill.;THIS IS FOR Surgery Clearance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient is obese and has hypertension.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Feb 2020; There has been treatment or conservative therapy.; Left sided chest pain, shortness of breath that happens with minimal exertion, dry cough, palpitations, syncope.; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	PATIENT IS PRE-DIABETIC WITH A1C OF 5.7, PROMINENT FAMILY HX OF DIABETES AND EARLY CAD.; This study is being ordered for Vascular Disease.; Respiratory: Positive for cough, chest tightness, shortness of breath and wheezing. ;Cardiovascular: Positive for chest pain. Negative for palpitations and leg swelling.; There has not been any treatment or conservative therapy.; CHEST PAIN;SHORTNESS OF BREATH;CHEST TIGHTNESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	patient was found to have coronary calcification on CTA; This study is being ordered for Vascular Disease.; more than one month; There has been treatment or conservative therapy.; Karen Rebecca Long is a 61 y.o. female with a history of hypertension, hyperlipidemia, and sleep apnea here for evaluation of coronary artery calcification found on chest CT. Complains of increasing dyspnea with activity over the past 3 months.; medication for hypertension and hypercholesterolemia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	PATIENT WAS RECENTLY IN THE HOSPITAL WITH CHEST PAIN. PATIENT HAS KNOW CAD, CHF, AND CARDIOMYOPATHY; This study is being ordered for Vascular Disease.; 04/28/2017; There has been treatment or conservative therapy.; CHEST PAIN, SHORTNESS OF BREATH, EDEMA; CATH AND STENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient with hx of CAD and hyperlipidemia, needing workup to re-access.; This study is being ordered for Vascular Disease.; 12/01/2019; There has been treatment or conservative therapy.; Chest pressure, SOB, palpitations, weakness and fatigue, shaking; lifestyle changes to ease symptoms which has not worked.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Pertinent history includes: HTN, HLD, COPD with chronic respiratory failure on around the clock O2 and baseline dyspnea finding of coronary atherosclerosis on CT chest. Pt reports that he has baseline dyspnea from his COPD but feels that he has noticed a; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	R/O CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Chest Pain, and SOB, R/O CAD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	r/o CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/06/19; There has not been any treatment or conservative therapy.; Shortness of Breath/Dyspnea on exertion;;pain between shoulder blades w/exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	She has renal insufficiency and is on nifedipine. Diuretics were stopped because of her renal insufficiency and the last creatinine I have is 1.6. She states it is not bothering her very much. She has tried support stockings with no improvement. She has m; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	shortness of breath, facial drooping;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2019; There has not been any treatment or conservative therapy.; patient went to hospital in November had a stroke; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	SOB radiating to back ; hx coronary bypass ; abnormal EKG; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	SOB WITH EXERTION, S/P CABG 2015. HX HTN, HYPERLIPIDEMIA AND DIABETES, FORMER SMOKER; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SOB WITH EXERTION, S/P CABG 2015. HX HTN, HYPERLIPIDEMIA AND DIABETES, FORMER SMOKER; It is not known if there has been any treatment or conservative therapy.; SOB WITH EXERTION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	SOB; This study is being ordered for Vascular Disease.; N/A; There has not been any treatment or conservative therapy.; SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	status post coronary artery bypass graft in 1994. Catheterization 2013 , as described above, demonstrated a patent saphenous vein graft to the diagonal with either sequential anastomoses to the LAD or adequate retrograde filling of the LAD. The LIMA was; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	The pain is present in the substernal region. The quality of the pain is described as pressure and heavy. Associated symptoms include shortness of breath. Pertinent negatives include no cough, dizziness, fever or palpitations. The pain is aggravated by no; This study is being ordered for Vascular Disease.; chronic problem more than one year; There has been treatment or conservative therapy.; Chest Pain (occurs at rest, "it takes my breath away"); Shortness of Breath (occurs with chest pain; also with exertion); Hypertension (chronic); Hyperlipidemia (does not take statin, "I have a fatty liver" She sees Dr. Barton and is currently in a drug s; furosemide (LASIX) 40 mg tabletTake 40 mg by mouth daily as needed.;lisinopril 40 mg Oral tabletTake 40 mg by mouth daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	12	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	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.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	out cardiac given hx of chest pain, also could be postural tachycardia syndrome (POTS)- will do a tilt table +midodrine trial if patients symptoms don't resolve with above measures; This study is being ordered for Vascular Disease.; She presents with an episode history of single syncope. The most recent episode occurred more than 2 days ago.She states that it lasts 5 minutes. The problem is resolved. This is an new problem. Associated symptoms: dizziness and shortness of breath.; There has been treatment or conservative therapy.; She presents with an episode history of single syncope. The most recent episode occurred more than 2 days ago.She states that it lasts 5 minutes. The problem is resolved. This is an new problem. Associated symptoms: dizziness and shortness of breath.; The patient was counseled on the dangers of tobacco use, and was advised to quit.; Reviewed strategies to maximize success. ;Cessation plan reviewed with patient. ;She just quit smoking;Increased water & salt intake, Start using TED Hose, Stop Caffein; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT,	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/09/2020; There has not been any treatment or conservative therapy.; palpitations, random sharp pains on the left side of the chest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; years; There has been treatment or conservative therapy.; chest pain, shortness of breath; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	Unknown.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	WILL FAX ADDITIONAL.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2019 FOR SYNCOPE;;LAST 8 MONTHS WITH CHEST PAIN; There has not been any treatment or conservative therapy.; sharp midsternal chest pain that lasts a few seconds 3-4 times a day for the past 8 months. Patient reports having severe headaches daily. Patient reports having severe dizzy spells about once every 3 months and will black out sometimes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	WILL FAX CLINICALS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 MONTHS AGO; There has not been any treatment or conservative therapy.; SUBSTERNAL CHEST PAIN THAT RADIATES TO BACK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	WILL 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.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; SINUS BRADYCARDIA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	Radiology Services Denied Not Medically Necessary	A-fib shortness of breathe closer look mitral regurdatation; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation	Radiology Services Denied Not Medically Necessary	Sick Sinus Syndrome;Cardiomyopathy;Bradycardia;Pre cordial Pain;;Strong Family History ;History of Tobacco Abuse; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93312 Echocardiograph y, transesophageal, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93312 Echocardiograph y, transesophageal, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and	Radiology Services Denied Not Medically Necessary	; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/13/2019; There has been treatment or conservative therapy.; Atrial Fibrillation; Dizziness; Palpitations; and Chest Pain, SHORTNESS OF BREATH; ORAL DAILY DOSE OF CARDIZEM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological y induced stress,	Radiology Services Denied Not Medically Necessary	Abnormal EKG; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/16/2020; There has not been any treatment or conservative therapy.; Chest pain and bradycardia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/18/20; There has not been any treatment or conservative therapy.; Dizziness, nausea, chest pain, abnormal EKG, cardiac murmur; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing; There has not been any treatment or conservative therapy.; Will fAX; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological ly induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Patient is obese and has hypertension.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; Feb 2020; There has been treatment or conservative therapy.;; Left sided chest pain, shortness of breath that happens with minimal exertion, dry cough, palpitations, syncope.;; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	Radiology Services Denied Not Medically Necessary	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 is a request for a Stress Echocardiogram.;; This patient has not had a Nuclear Cardiac study within the past 8 weeks.;; This study is being ordered for suspected coronary artery disease.;; This patient is clinically obese or has an emphysematous chest configuration.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	Radiology Services Denied Not Medically Necessary	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.;; unknown; This is a request for a Stress Echocardiogram.;; This patient has not had a Nuclear Cardiac study within the past 8 weeks.;; This study is being ordered for suspected coronary artery disease.;; This patient is clinically obese or has an emphysematous chest configuration.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	9 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	DECREASED SENSATIONS ON LEFT ARM, DERMATONE OF C6 AND C7.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weak to left arm and grip strength; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; This study is being ordered for a neurological disorder.; 12/15/2019; There has been treatment or conservative therapy.; decreased sensation along cervical and lumbar dermatones; chiropractic treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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.; OVER THE COUNTER MEDICATIONS.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unknown; This study is being ordered for a neurological disorder.; 12/15/2019; There has been treatment or conservative therapy.; decreased sensation along cervical and lumbar dermatomes; chiropractic treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; Surgery is NOT being planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt had an injury where he passed out and was transported to ER in Dec 2019. Pt has a history of dizziness since early 2019. Dr wants to rule out a vascular abnormality. Pt has a posterior ponticle.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is for neck pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Colon & Rectal Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary),		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Colon & Rectal Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Colon & Rectal Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Colon & Rectal Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Dermatology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization		This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Dermatology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/12/2020; There has been treatment or conservative therapy.; radiating pain; stretches, ice packs, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient continues to have pain in mid to upper thoracic spine, the lumbar MRI was essentially normal except history of surgery and scar tissue, obviously this gives us no helpful information to the etiology of her persistent and severe thoracic 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; The left Achilles reflex is graded at 0 absent The right Achilles reflex is graded at 0 absent; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	HAS HAD PREVIOUS CERVICAL AND LUMBAR SPINE SURGERY; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Physical therapy within last 6 months, pain greater than 6 weeks, the patient has a neurologic deficit, muscle relaxers, Nsaids, Activity modification, instructed on home exercise program. ;The left Achilles reflex is graded at 0 absent The right Achill; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	will upload clinical; This study is being ordered for a neurological disorder.; chronic for years, onset unknown; There has been treatment or conservative therapy.; will upload clinical to NIA; medication management, previous surgeries, lumbar injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	will upload clinical; This study is being ordered for a neurological disorder.; chronic for years, onset unknown; There has been treatment or conservative therapy.; will upload clinical to NIA; medication management, previous surgeries, lumbar injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary ; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; Chronic back/neck pain; Anti-inflammatory meds prescribed. At home exercises recommended.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical Facet/Radiculitis/FBSS- Left CMBB#1 on 12/14/17 helped, but realized pain mainly from right- ;;Right CRFA 3/21/18 helped 40-60% for Short time wearing off. ;Right CMBB#1 on 9/4, relieved pain over 80% for 2 days. Dropping things in right hand; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Cervical Facet/Radiculitis/FBSS- Left CMBB#1 on 12/14/17 helped, but realized pain mainly from right- ;;Right CRFA 3/21/18 helped 40-60% for Short time wearing off. ;Right CMBB#1 on 9/4, relieved pain over 80% for 2 days. Dropping things in right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	To evaluate her pain; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; PAIN; medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	chronic 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Physical therapy within last 6 months, pain greater than 6 weeks, the patient has a neurologic deficit, muscle relaxers, Nsaids, Activity modification, instructed on home exercise program. ;The left Achilles reflex is graded at 0 absent The right Achill; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; Chronic back/neck pain; Anti-inflammatory meds prescribed. At home exercises recommended.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/12/2020; There has been treatment or conservative therapy.; radiating pain; stretches, ice packs, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	No Info Given; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	To evaluate her pain; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; PAIN; medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Doctors and Rehabilitation	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study.;" This patient has been treated with medications for at least four weeks with no improvement.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast		Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	WILL FAX RECORDS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	because of the xray stated eval with chest ct; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	Patient had surgery on her Lower back.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt has takne nsaid, ha taken pt. Dr would like to ro rt sciatica and work on the weakness of calf.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; xray shows subchondral cystlike changes involving trhe superior rt acetabulum. Mild to moderate degenerative changes of bilateral hip joints are noted. soft tissues are unremarkable. ;mild to moderate degenerative changes of bilateral hip joints; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	increase pain; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Follow up vist, checking on patient hernia; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Follow up vist, checking on patient hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	nausea and vomiting associated with her abdominal pain. She reports history of reflux and says she does take antacids which seems to provide some improvement in her symptoms; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	nausea and vomiting associated with her abdominal pain. She reports history of reflux and says she does take antacids which seems to provide some improvement in her symptoms; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen- pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/02/2019; There has not been any treatment or conservative therapy.; history of chiari malformation of the skull, check to see if its still deformed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/02/2019; There has not been any treatment or conservative therapy.; history of chiari malformation of the skull, check to see if its still deformed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	lifted heavy boxes, did XR w. mild spondylosis; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Numbness and tingling; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bi-Lateral lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient has an abscess on the tendon and MD wants to see where it is coming from which is why the MRI is needed and to see if it going into the bone. Patient may need amputation if it has gone too far into the bone.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Disapproval	75557 Cardiac magnetic resonance	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Emergency Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		The patient reports occasional neck fullness with a noticeable accompanying decrease in neck ROM and difficulty swallowing. The 2018 ultrasound demonstrated multiple enlarged cervical lymph nodes surrounding a heterogenous thyroid gland with no definite t; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	8 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	Adrenal mass, 1-4cm, incidental, no hx of malignancy; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	bilateral adrenal nodules; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by a physical exam.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	elevated testosterone/DHEA-S; adrenal tumor evaluation; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by labs.; Labs other than Metanephrine, Nor-metanephrine or Catecholamine were completed and found to be abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Migraine without aura or status migrainosus Pituitary mass; Benign neoplasm of pituitary gland; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Endocrinology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	Follow up CT on lung nodule found in CT Abdomen previously. Port Solid and part groundglass nodule in the right lower lobe of lung.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	She is here for follow-up after endoscopy on Monday. She had a;stricture in her distal esophagus which was dilated to 16 mm. She had a;fairly large tear so it was closed with 2 clips. She is here for followup just;to make sure she is not having any tro; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient.;" This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.;" This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	abnormal ct; This study is being ordered for Inflammatory/ Infectious Disease.; 09/24/2019; There has been treatment or conservative therapy.; R11.2 R93.3; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This study is being ordered for Inflammatory/ Infectious Disease.; 2/03/2020; There has been treatment or conservative therapy.; 15yo female who presents with concerns of a perianal fistula. States had painful and swollen area near her anus which occurred 3 months ago with yellow drainage;Pt was told it was an I&D. States there has been intermittent drainage purulent and thin red ; Pain Medications for pain-Oxycodone- once per day; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	56 yo referred for PV thrombus;Patient with history of DM, HTN, Bronchitis, and neuropathy;RUQ US 3/6/20 showed PVT in the intrahepatic and distal main;Unknown if this thrombus is new or old, he was started on Eliquis;Patient reports that the thrombus; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Clinicals faxed; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	INDETERMINATE ECHOGENIC FOCUS IN LOWER POLE CORTEX OF THE RIGHT KIDNEY THAT CANNOT BE EXCLUDED FOR EVIDENCE OF MASS; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Patient has hep B and C and has an elevated AFP level and we need a CT scan to evaluate for lesions or masses.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Solid and part groundglass nodule in right lobe and at least 5 different hemangiomas. CT done in October and repeat CT in 3 months recommended.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Stable pancreatic body cyst measuring 8 mm as compared to the;baseline exam of 9/19/2017. Per current ACR guidance, pancreatic cysts;less than 1.5 cm presenting in patients less than 65 years of age;should be followed annually for the first five years.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Theh Pt ha liver mass seen on ultrasound. further evaluation; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Ultrasound Interpretation;;Simple cyst in the liver, right lobe measured 1.3cm. Cirrhosis.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01/22/2020 Colonoscopy showed polyps located at the sigmoid colon, descending colon and rectum, status post hot snare polypectomy. Grade 1 internal hemorrhoids. Otherwise, normal ileoscopy and colonoscopy examination, status post multiple biopsies. Sec; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01/22/2020 Colonoscopy showed polyps located at the sigmoid colon, descending colon and rectum, status post hot snare polypectomy. Grade 1 internal hemorrhoids. Otherwise, normal ileoscopy and colonoscopy examination, status post multiple biopsies. Sec; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal pain lower- with ulcerative colitis with complication. Positive for abdominal distention; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal pain lower- with ulcerative colitis with complication. Positive for abdominal distention; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Alternating bowel habits, constipation & diarrhea, weight loss, abdominal pain.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Alternating bowel habits, constipation & diarrhea, weight loss, abdominal pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CHRONIC ISSUE WITH NAUSEA AND VOMITING.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CHRONIC ISSUE WITH NAUSEA AND VOMITING.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Colonoscopy showed nearing in colon multiple biopsy taken; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Colonoscopy showed nearing in colon multiple biopsy taken; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	EGD was abnormal indicating a mass in the stomach.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	EGD was abnormal indicating a mass in the stomach.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	elevated GGT; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	elevated GGT; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >Cerosis of the liver; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >Cerosis of the liver; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Eval Panctrisis; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Eval Panctrisis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	evaluate possible lesions; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	evaluate possible lesions; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	had a colonoscopy to rule out pain and originally started in 2015.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	had a colonoscopy to rule out pain and originally started in 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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	IRON DEFICIENCY, ANEMIA AND GASTRIC POLYUPS; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	IRON DEFICIENCY, ANEMIA AND GASTRIC POLYUPS; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	liver lesion seen on abdominal US, patient is having abdominal pain and discomfort, constipation, nausea; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	liver lesion seen on abdominal US, patient is having abdominal pain and discomfort, constipation, nausea; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	multiple GI problems getting worse, abdominal PAIN AND CRAMPING , nausea , diarrhea , mother has crones diseases , gas and bloating, history of juvenile ruemtoid arthritis EGD done 01/27/2019 showed gastric ulcers and reflexing noted, scheduled for upcomi; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	multiple GI problems getting worse, abdominal PAIN AND CRAMPING , nausea , diarrhea , mother has crones diseases , gas and bloating, history of juvenile ruemtoid arthritis EGD done 01/27/2019 showed gastric ulcers and reflexing noted, scheduled for upcomi; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	N/A; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	N/A; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	N/A; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	N/A; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had an abnormal abdominal US that suggested CT a/p with contrast for additional testing. Patient is having abdominal pain with nausea. Labs ordered during last visit.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had an abnormal abdominal US that suggested CT a/p with contrast for additional testing. Patient is having abdominal pain with nausea. Labs ordered during last visit.; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had colonoscopy procedure yesterday. A fungating non-bleeding 3 cm mass was found in the proximal ascending colon. The scope traversed the lesion. These findings were suggestive of a malignancy/tumor. Further testing is suggested. ;Other findi; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had colonoscopy procedure yesterday. A fungating non-bleeding 3 cm mass was found in the proximal ascending colon. The scope traversed the lesion. These findings were suggestive of a malignancy/tumor. Further testing is suggested. ;Other findi; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient now having weight loss along with diarrhea.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Crohn's Disease.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient now having weight loss along with diarrhea.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Crohn's Disease.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient was seen in March 2019 because of history of nausea, vomiting associated with epigastric abdominal pain. She had upper endoscopy given the history of NSAID intake which was negative for esophagitis. Showed granularity in the stomach which was po; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient was seen in March 2019 because of history of nausea, vomiting associated with epigastric abdominal pain. She had upper endoscopy given the history of NSAID intake which was negative for esophagitis. Showed granularity in the stomach which was po; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with pancreatitis and complaining of abdominal pain and nausea and vomiting. Also having abdominal bloating.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with pancreatitis and complaining of abdominal pain and nausea and vomiting. Also having abdominal bloating.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R/O pancreatic; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R/O pancreatic; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R10.9 (ICD-10-CM) - Abdominal pain;R10.32 (ICD-10-CM) - Left lower quadrant pain;K57.92 (ICD-10-CM) - Diverticulitis;K57.90 (ICD-10-CM) - Diverticulosis;R19.7 (ICD-10-CM) - Diarrhea;K92.1 (ICD-10-CM) - Blood in stool;R10.13 (ICD-10-CM) - Abdominal p; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R10.9 (ICD-10-CM) - Abdominal pain;R10.32 (ICD-10-CM) - Left lower quadrant pain;K57.92 (ICD-10-CM) - Diverticulitis;K57.90 (ICD-10-CM) - Diverticulosis;R19.7 (ICD-10-CM) - Diarrhea;K92.1 (ICD-10-CM) - Blood in stool;R10.13 (ICD-10-CM) - Abdominal p; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RUQ ABDOMINAL PAIN, ABNORMAL CT SCAN; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RUQ ABDOMINAL PAIN, ABNORMAL CT SCAN; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Status post liver transplant patient. Imaging is for surveillance of HCC.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Status post liver transplant patient. Imaging is for surveillance of HCC.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Surveillance for tumor of post liver transplant patient.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Surveillance for tumor of post liver transplant patient.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; It is not known if this is a request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; It is not known if this is a request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Tumor marker lab results are elevated. CEA and CA19-9 are elevated. Associated symptoms include nausea. The patient complains of abdominal pain. Symptoms began a few weeks ago. It is localized as diffuse pain. It is detailed as 10 out of 10 in natu; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Tumor marker lab results are elevated. CEA and CA19-9 are elevated. Associated symptoms include nausea. The patient complains of abdominal pain. Symptoms began a few weeks ago. It is localized as diffuse pain. It is detailed as 10 out of 10 in natu; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	waiting on lab results to come back , just drawn today, pt is having bloating and epigstric abdominal pain , colonoscopy was unremarkable, HIDA scan was normal , prone to constipation but looking for issues with the pancreas; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	waiting on lab results to come back , just drawn today, pt is having bloating and epigstric abdominal pain , colonoscopy was unremarkable, HIDA scan was normal , prone to constipation but looking for issues with the pancreas; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	WILL FAX RECORDS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will fax; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will fax; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	56 yo referred for PV thrombus;Patient with history of DM, HTN, Bronchitis, and neuropathy;RUQ US 3/6/20 showed PVT in the intrahepatic and distal main;Unknown if this thrombus is new or old, he was started on Eliquis;Patient reports that the thrombus; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	abnormal ct; This study is being ordered for Inflammatory/ Infectious Disease.; 09/24/2019; There has been treatment or conservative therapy.; R11.2 R93.3; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	ABNORMAL US ABD. COMMON DUCT DILATED TO 0.8, WORSENING FROM 0.3 ON PREV. STUDY. ABNORMAL LFT'S. REC. MRCP. PT HAS ABD PAIN WITH REFLUX. MEDICAL HX-Cirrhosis: Y - NASH. difficulty swallowing (dysphagia).Altered bowel function. Non-alcoholic fatty 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; It is not known if there are radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	GALLSTONE EVALUATION FOR EXCLUSION OF SMALL COMMON DUCT STONE; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Patient had a CT Scan done and it showed a 2.3cm lesion on her liver, right lobe. Smaller lesion in left lobe. Also showed several small low-density renal lesions. Radiology suggests MRI of abdomen.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Peer-to-Peer Discussion held. Case decision discussed with and understood by Dr. Ali. Synopsis of discussion: MD is worried of complications of chronic pancreatitis as stated in P2P and ov notes- wt loss and concern for cancer and per P2P other complicat; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; It is not known if the patient is presenting new signs or symptoms.; It is unknown if the patient had chemotherapy, radiation therapy or surgery in the last 3 months.; It is unknown if they have an Abdomen MRI in the last 10 months.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Surveillance of known tumor.; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is NOT presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for Inflammatory/ Infectious Disease.; 2/03/2020; There has been treatment or conservative therapy.; 15yo female who presents with concerns of a perianal fistula. States had painful and swollen area near her anus which occurred 3 months ago with yellow drainage;Pt was told it was an I&D. States there has been intermittent drainage purulent and thin red ; Pain Medications for pain-Oxycodone- once per day; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Will fax in clinical info; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image	; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Because of the patient's myocardiopathy the doctor has determined it is too dangerous for the patient to do a colonoscopy and that's why this test is being requested. The patient has rectal bleeding and constipation.; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	INCOMPLETE COLONOSCOPY TO AVOID PERFORATION RISK - TERMINATED; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast	This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image	will fax; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Patient was seen on 11/14/2019. Lipase level was increase, withdrew lab yesterday and it was further increased. Patient continues to have abdominal pain.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN	unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Lower left quad pain, irritable bowl with diarrhea; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/17/2020; There has been treatment or conservative therapy.; Shortness of breath, chest pain, abdominal pain, nausea, vomiting; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not Medically Necessary	NAUSEA AND VOMITING, ABNORMAL CT SCAN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	MASS - R/O 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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain, dyspareunia;20 year old referred to GI clinic for evaluation of abdominal pain/dyspareunia;Has been having lower abdominal cramping pain for the past 2-3 years, mild to severe, sometimes radiating to the back, associated with alteranting; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain, dyspareunia;20 year old referred to GI clinic for evaluation of abdominal pain/dyspareunia;Has been having lower abdominal cramping pain for the past 2-3 years, mild to severe, sometimes radiating to the back, associated with alteranting; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain, dyspareunia...;20 year old referred to GI clinic for evaluation of abdominal pain/dyspareunia;Has been having lower abdominal cramping pain for the past 2-3 years, mild to severe, sometimes radiating to the back, associated with alterant; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain, dyspareunia...;20 year old referred to GI clinic for evaluation of abdominal pain/dyspareunia;Has been having lower abdominal cramping pain for the past 2-3 years, mild to severe, sometimes radiating to the back, associated with alterant; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ADHESIONS CAUSING BOWELS TO STICK TO HER BACKEPIGASTRIC AND BACK PAINMD SAYS STUDY NEEDED TO EXPLAIN EPICGASTRIC / BACK PAIN; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ADHESIONS CAUSING BOWELS TO STICK TO HER BACKEPIGASTRIC AND BACK PAINMD SAYS STUDY NEEDED TO EXPLAIN EPICGASTRIC / 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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	FAXING CLINICALS; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	FAXING CLINICALS; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Hernia: incisional.; epigastric tenderness and LUQ tenderness; ; Abdominal pain - appears to have a small ventral hernia. Will eval for internal hernias by CT.;R10.9: Unspecified abdominal pain;CT, ABDOMEN + PELVIS, W/ CONTRAST;Contrast Route (if appl; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Hernia: incisional.; epigastric tenderness and LUQ tenderness; ; Abdominal pain - appears to have a small ventral hernia. Will eval for internal hernias by CT.;R10.9: Unspecified abdominal pain;CT, ABDOMEN + PELVIS, W/ CONTRAST;Contrast Route (if appl; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Lower left quad pain, irritable bowl with diarrhea; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/17/2020; There has been treatment or conservative therapy.; Shortness of breath, chest pain, abdominal pain, nausea, vomiting; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Possible diverticulitis; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Possible 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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient complains of abdominal pain. Symptoms began 7 - 10 months ago. It is localized as epigastric region pain. It is detailed as 7 out of 10 in nature. Pain quality is described as sharp and stabbing. Symptom triggers include bowel movements.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient complains of abdominal pain. Symptoms began 7 - 10 months ago. It is localized as epigastric region pain. It is detailed as 7 out of 10 in nature. Pain quality is described as sharp and stabbing. Symptom triggers include bowel movements.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Redemonstration of coarsened hepatic echotexture with mildly;nodular contour likely representing hepatic parenchymal disease. The;previously identified hypoechoic lesion in the right lobe of the liver;measures up to 4.3 cm. No obvious vascularity ident; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is NOT presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image	Radiology Services Denied Not Medically Necessary	Obesity; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN	Radiology Services Denied Not Medically Necessary	unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	blackled out, fell head injury; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Breast cancer and Sarcoma. Concern of Brain bleed or metastasis. Patient also fell.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Chronic recurring headache migraine without retraction.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Continuous decline of motor and sensory function over the past 2 years. Burning, numbness, and tingling down right side of body. Decrease in strength. Increase in urinary and fecal incontinence. States that "food no long tastes good" which has resulted; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/16/2020; There has not been any treatment or conservative therapy.; Patient has altered mental status, headache and severe lower back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; abnormal chest x ray, six palsy of the right eye, shortness of breath, dbl vision.; medication, chest x rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	EVALUATE FOR FRACTURE; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Going on intermittently for the past 5 months. Was jumping into a body of water 5 months ago, struck his forehead against a large rock. Denies having this evaluated since the injury. Headache remains at his forehead, associated with nausea; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	had assault to the head and dizziness and headaches staying severe;;was assaulted and pain in his right jaw to right neck area just getting worse for last week; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	having slow thought process and balance; nausea and confusion;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Head trauma, intracranial venous injury suspected; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Headache ;Pain location: L temporal and R temporal;Radiates to: Does not radiate;Severity currently: 7/10;Severity at highest: 8/10;Duration: 7 weeks;Timing: Constant;Progression: Unchanged;Chronicity: New;Similar to prior headaches: no ; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Headache that has progressed in the last 24 hour. After a fall.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	headaches new and sever at times with visual loss in both eyes at times, numbness on head and shoulders, head trauma last week and concerned with a Brain Bleed; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	history of migraines nausea dizziness and swollen hands. history of brain tumor; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	light headed, speech problems, memory loss; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	lightheadedness and headache, vision changes, ER visit yesterday, chronic migraines, blood pressure high, palpitations; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	MASS OF SOFT TISSUE ON TOP OF HER HEAD THAT IS PAINFUL WITH PALPATION, GROWING SLOWLY.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Ms. WILLIAMS presents with a diagnosis of migraine with aura, not intractable, with status migrainosus. This has been daily for over 3 weeks. The course has been progressively worsening. Not better, still dizzy and nauseated.; She has tried zofran, ph; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	MVA on 2/10/2020 hit from behind getting worse; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	n/a; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Nausea, sensitivity to light and sound and neck stiffness. She did hit her head and has an 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 vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	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 stroke or aneurysm.; This study is being ordered for something other than screening for aneurysm or AVM, previous stroke or aneurysm or neurological deficits.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	PATIENT HAS A SUDDEN ONSET OF HEADACHE WITH DIZZINESS; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Patient is having new episodes of loss of consciousness. No memory of these episodes and this is happening more often.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Patient states he has chronic daily headache that has been persistent since MVA in December; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Patient was struck in the face by a tree recently.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Patient with persistent headache for 2 weeks, per patient "worst headache I ever had". no relieved with medication treatment.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	PT had a domestic violence encounter which she didn't mention till now where he hit pt multiple times. Pt has head pain.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	PT has had dropping face, headaches, slurred speech; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is able to have a Brain MRI for evaluation of these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	PT HAS HAD HEADACHES AND INCREASED DEPRESSION. STATES SHE FELL AND HIT HER HEAD RECENTLY. HX: IBSC, BIPOLAR, Palpitations, fibromyalgia; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	pt has ongoing migraine headaches with N&V, lightheaded, and numbness; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Pt presented to office with increasing vertigo, history of CVA; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Pt with complaint of headaches, neck pain and balance issues intermittently for the last 2 months. Is losing balance and falling. Headaches cause nausea and vomiting.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	R/O stroke. She had increased confusion.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	recent brain surgery shot gun to head, had bone replaced to the skull. Pt had fell causing seizures; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	SHORT TERM MEMORY LOSS.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	slurred speech, altered mental status; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	sudden onset headaches over last week with changes in visual field.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The 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.	10	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has 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.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This patient is very forgetful in her daily tasks and living. She can not remember what she is being told minutes after she is told. She forgot that she has seen our doctor in his office before.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Vision changes, MBR went to ER 02/16/2020 for headache.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	was in ER 12/29/19 for nosebleed, and had two seizures. Has history of seizures and pseudoseizures.; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear;	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Chronic frontal sinusitis;She has seen an allergist. They did recommend shots. She has been on sudafed daily for many years. She has been taking Sudafed she states for likely 10 years. She has chronic sinus congestion and postnasal drip chronic sinus ; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	chronic Maxillary sinus. Patient has had bronchitis for 2 months; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	chronic sinusitis, mastoiditis.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	CHRONIC SINUSITIS,EYE PAIN, EAR PAIN- OTITIS MEDIA,HEADACHES, SEVERAL ROUNDS OF ANTIBIOTICS,NASAL SPRAYS. TENDERNESS ON EXAM IN FACE, ERYTHEMATOUS, TONSILS ENLARGED. ;HX- Mast cell disorder, Lyme disease, IBSC, BIPOLAR, Palpitations, fibromyalgia, Thoraco; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	COUGH, SINUS PROBLEM, CHEST CONGESTION AND GENERAL WEAKNESS; 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; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Had recently seen ophthalmology. Had dry eye syndrome, ocular pain, allergy and sinus symptoms, pseudopapilledema of bilateral optic discs. Ophthalmology recommended CT of sinuses, possible allergy testing, thyroid labs. Pt reports significant pressure; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	headache x 1 week to the back/front left side and left ear pain x 2 days w/low grade temp 99.2.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	left sided Parotitis; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Nasal mucosa- a purulent discharge.Sinus-maxillary tenderness. Pharynx- mucoid post 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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient failed 3 rounds of antibiotics.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	patient has a mass/lump on the left jaw.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	patient has many different episodes of sinusitis and this time off and on since decemeber of 2019, decongestants and steriods oral and IM; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient is currently using flonase and ipratropium nasal spray daily.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Pt has been seen numerous times . Pt has taken medications, failed medication treatments . Sending Pt to a specialist along with results of this 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); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	pt has frequent headaches with intermittent fever; This study is 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. 2-3 months; There has not been any treatment or conservative therapy.; pt has frequent headaches with intermittent fever; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	recurrent maxillary sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	recurrent sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	She was treated with 3 weeks of Augmentin and a medrol dose pack back in January, then she went to a walk-in clinic and was given a different antibiotic. She's currently taking Flonase and Zyrtec.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	the patient has a history of cancer; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	checking on Mass in neck; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Had surgery 03/17/2020 cervical dissection, on 03/22/2020 began having pain and felt like something was stuck in throaght, went to ER and was triaged and sent home, still no improvement; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	He has noted lymph node on the right side of his throat. He is concerned because of his previous history of laryngeal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Its grown in size and it has become painful; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Ms Welzbacher is a 57 year old female with left shoulder malignant melanoma. Shave biopsy showed 1.25 mm depth. She underwent wide local excision with sentinel node biopsy (positive) on 11/14/2019. She comes here for surveillance. She has been seen by Dr.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	neck mass with unexplained weight loss; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Neck mass, solitary, afebrile;Palpable nodule or thyroid enlargement; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Neck pain and neck mass on left side getting bigger and hurting more;u/s showed enlarged lymph nodes;will get CT scan; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	no; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	painful to swallow, fullness to the right side of the neck; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient had an abnormal US that requested a CT to be done.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient seen on 1/6/20 and 1/13/20 for nodule on right side of neck/jaw line. Examination: quarter size nodule to right submandibular area. Tender to touch. Pain with neck extension and lateral flexion. Ultrasound recommends CT Neck and Chest to rule out ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Please see clinicals.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	supraclavicular adenopathy, ruling out cancer. recent us thy/neck done with palpable mass with 3 different nodes.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Ultrasound was done and recommend soft tissue neck CT.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	none; This study is being ordered for Vascular Disease.; 5/9/2016; There has been treatment or conservative therapy.; unknown - Follow up to study of 2017; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	US Carotid Doppler on 2/10/2020;;Impression: Severe left ICA stenosis likely greater than 90% diameter range by;velocity equivalent criteria. No significant right ICA stenosis.;Patent antegrade flow both vertebral arteries. Consider CTA or MRA for;fu; This study is being ordered for Vascular Disease.; 01/30/2020; There has been treatment or conservative therapy.; Dizziness;Had US Carotid Doppler on 2/10/2020;;Impression:Severe left ICA stenosis likely greater than 90% diameter range by;velocity equivalent criteria. No significant right ICA stenosis.;Patent antegrade flow both vertebral arteries. Consider CTA ; Crestor 20mg 1 tab daily;Losartan 100mg 1 tab daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	none; This study is being ordered for Vascular Disease.; 5/9/2016; There has been treatment or conservative therapy.; unknown - Follow up to study of 2017; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including	Pt reports he was out in shed and shut door and then woke up on ground. Patient also has a pulmonary nodule found on chest x-ray; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	US Carotid Doppler on 2/10/2020;;Impression: Severe left ICA stenosis likely greater than 90% diameter range by;velocity equivalent criteria. No significant right ICA stenosis.;Patent antegrade flow both vertebral arteries. Consider CTA or MRA for;fu; This study is being ordered for Vascular Disease.; 01/30/2020; There has been treatment or conservative therapy.; Dizziness;Had US Carotid Doppler on 2/10/2020;;Impression:Severe left ICA stenosis likely greater than 90% diameter range by;velocity equivalent criteria. No significant right ICA stenosis.;Patent antegrade flow both vertebral arteries. Consider CTA ; Crestor 20mg 1 tab daily;Losartan 100mg 1 tab daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	bell's palsy; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 2/21/2020; There has not been any treatment or conservative therapy.; eye and vision loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast	neck pain and arm weakness; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for a neurological disorder.; 01/19/2020; There has been treatment or conservative therapy.; Vision loss.; Patient has seen eye doctor. Medication for headaches. (Tylenol).; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	left sided headache, left sided eye pain; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography,	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Mass of the neck; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; It is unknown if the the ultrasound showed dissection, stenosis or a glomus tumor.; The patient does not have carotid (neck) artery surgery.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	unknown; This is a request for a Neck MR Angiography.; It is unknown if the patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; It is unknown if the the ultrasound showed dissection, stenosis or a glomus tumor.; The patient does not have carotid (neck) artery surgery.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has NOT been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	.Pt states that she was kicked off a horse and had stiches on the left side of her mouth. Pt states that a tooth went through her cheek. Pt states that she is having headaches since the accident. Pt has facial pain, increased temporal pain. Pt had 4 inter; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Acute symptoms started yesterday while at cracker barrel. Standing by fireplace and felt sudden dizziness. Had near syncope. Felt weak as well. No associated speech difficulty, nausea, emesis, cp, sob, palpitations. Did feel confused for a moment. Stayed ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	altered mental status; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Annual visit for general adult medical examination with abnormal findings ;;Cerebrovascular accident (CVA), unspecified mechanism (HCC) ;;Hemiplegia of left nondominant side as late effect of cerebral infarction, unspecified hemiplegia type (HCC) ;; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Annual visit for general adult medical examination with abnormal findings ;;Cerebrovascular accident (CVA), unspecified mechanism (HCC) ;;Hemiplegia of left nondominant side as late effect of cerebral infarction, unspecified hemiplegia type (HCC) ;; This is a STROKE FOLLOW UP.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	blurred vision, lasting up to an hour, eyes are twitching ;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	brain aneurysm. Getting MRI brain as well as CTA of the abdomen given history of aneurysms.; 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 NOT being ordered as a screening for an aneurysm or AVM or neurological deficits.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	change in vision, dizziness , syncope; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chief Complaint: MIGRAINES;HPI:;She is a new patient here with her husband, Marc, for migraines/headaches that started a few weeks ago. She has headaches that last 5 min 5;times a day. Headache feels like her heart is pounding in her ears. BP has been ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	chronic 3 per week, headache with sensitivity to lights and sounds, nausea at times (wakes up with symptoms), uncontrolled (the pt has tried Topamax, Lexapro, amitriptyline);Symptoms are worse with: lights and sounds when having a migraine.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	complains of head pressure, along with nausea, and swelling to her neck. going on for approximately 15 months now, but symptoms and head pain/pressure continues to worsen in severity, and more frequent.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Cortical dysplasia - in parietal lobes , mri done 10/96 mri - 14 at the time , was on depakote 250mg bid and not done well, repeat MRI since mutiple symptoms present. Has continued to have learning disability issues , having headaches and vision disturban; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	CT scan abnormal done 01/17/2019; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Did a 4-month trial of medication but had to stop due to side effects of the medication. Patient has a history of Pulmonary Embolism (PE).; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Dizziness & lightheadedness when stand up & sometimes when walking.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	dizziness, syncope.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	drainage & swelling of right eyelid, PTOIS appeared w. drainage & swelling, has not resolved.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	4	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 2/21/2020; There has not been any treatment or conservative therapy.; eye and vision loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; neurological change; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Evaluation of patient with complaint of chronic headaches with visual field disturbances; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	facial numbness and tingling for 7 days;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Family history of aneurysm. Headaches are causing blurred vision.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	HEADACH WITH PAIN ON LEFT SIDE, HAZY VISION, SPONTANEOUS SPINAL FLUID LEAK IN 06/2019.VIRTIGO.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Headache since Laser surgery; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	headache x's 4-5 months, goes to bed w/ha and wakes w/ha. nothing gives relief. causing photophobia, nausea and dizziness. is getting worse. loud noise, bright lights aggravate it; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	history of head injury; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	MEMORY LOSS , HEAD ACHE 2 MONTHS , SUSPECTED BRAIN TUMOR; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	memory loss and abnormal neuropsych testing; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Migraine headaches with aura, nausea/vomiting, shaking, shortness of breath,sweating,and numb/tingling feeling in arms and legs.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Migraine; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	month long headache, nsids , muscle relaxer,and imitrex no help; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MVA; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	N/A; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Neck pain on the left side for the last 2 months.; There has been treatment or conservative therapy.; Pt has thoracic pain as well especially when she is walking. Whenever she walks her vision becomes black (closes) but she has not passed out.; She is on medications. This has been going on since Feb 2019. Several meds are being taken.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	New chronic onset headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	numbness in face and mouth; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient came in with confusion, urinary incontinence memory loss and has fallen; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has been having headaches since 16 years old. No previous imaging; headaches waking him from sleep; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has elevated blood pressure, busted blood vessel in left eye, and headache in left temporal, with dizziness.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PATIENT HAS HAD MIGRAINES ALL HIS LIFE BUT HAS NEVER HAD IMAGING FOR IT. SON HAS CHIARI MALFORMATION AND SINCE THIS IS GENETIC THE PATIENT WORRIES.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient having spells of headaches and hearing roaring type noise with Dizziness stuttering and facial paresthesias around her lips and tongue.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient originally seen our clinic on 10/19/19 for headaches.Note from that visit: Carla presents to clinic today with c/o headaches that have been more frequent than her previous headaches. She states that this started about a week ago. She states she ha; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient presents to clinic with headaches and blurred vision with right eye wondering laterally. Patient went to eye doctor and had a normal eye exam and was referred for further testing. Onset of symptoms started 1 week ago.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient reports she was told she had a marble-sized mass near pineal gland. Ordering MRI to confirm/follow up.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient voices concern due to having difficulty expressing words, dizziness, difficulty with balance. NO history of stroke or TIA. History of abnormal brain MRI 2016 showing white matter lesions, consulted neurology, due to history of migraines considered; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	persistent headache/migraine(right sided), nausea, sensitive to light and noise, random dizziness.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Positive for a gait issue.; This study is being ordered for a neurological disorder.; Memory loss for 1-6 months.; There has not been any treatment or conservative therapy.; Memory loss, confusion, decreased concentration and behavioral problems.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Positive for headaches (she relates this headache now is recurrent and is not the same as her migraines as she has no warning or aura that she usually has with the migraines. she has the aura of dancing light before a migraine.); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt c/o BL HA in the temporal region, pain is pounding in quality, some ear L Pain, Some Photophobia, visual auras, and some nausea; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PT C/O DIPLOPIA, UNSTEADINESS, AND DIZZINESS AFTER HEART VALVE REPLACEMENT SURGERY.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt has had TIA with right sided facial numbness and drooling; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt is having memory loss and numbness down the right arm and hand. She cant remember things and is very fuzzy in the head and confused; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt. complains of headaches that are 10 /10 for the past month. ;They are stabbing. She has nausea with them;They wake her at night and are worse if she lies on her back. Pt. drinks caffeinated beverages daily. ;They do not occur in the early morning wi; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	recurrent headache and family history of cerebral aneurysm; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	right hand weakness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	ringing in her ears, and sudden onset headaches, also with visual changes, also experiences blank black spots; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	see 112121152 note-2/11/2020 9:35:14 AM Megan Rishel, MD Peer-to-Peer Discussion held. Case decision discussed with and understood by Dr. Roberts. Synopsis of discussion: Pt with hx of migraines; takes meds; now over last 3-4 weeks daily headache that i; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	several month history of severe recalcitrant headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She has a hx of migraines. She describes the headaches as starting in the back of her head, tightening and squeezing feeling. She also reports she has had some positional dizziness when bending over; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	she has had worsening dizziness for the past few months and shaking that comes and goes in her hands. no focal weakness. she has some changes in her handwriting. she has a staggering gait. she feels the room spins at times. no n/v. no fever or headache Gi; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	she has had worsening dizziness for the past few months and shaking that comes and goes in her hands. no focal weakness. she has some changes in her handwriting. she has a staggering gait. she feels the room spins at times.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Slurred speech; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	SYNCOPE AND COLLAPSE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	syncope, weakness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The current episode started more than 1 week ago. There was no loss of consciousness. The problem is associated with normal activity. Associated symptoms include dizziness, light-headedness and vomiting.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is 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).	29 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has 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.	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is being ordered as a 12 month annual follow up.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for an aneurysm.; This study is being ordered for neurological deficits.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	11 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Tremors - The pt has noted pillrolling tremor to the left hand/arm. ;Speech - Rate: choppy speech. Abnormal - Psychotic Thoughts - Hallucinations: Pt admits to seeing things in his house the wife states they are not there..; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Vertigo and unsteady gait; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Vision blacking out intermittently with near-syncope and subsequent fall on 2/29/2020 after which she had dizziness for the day and now has tongue thrusting which is new for her.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	VISION CHANGE: HAD SUDDEN ONSET OF INABILITY TO FOCUS WITH HER VISION. STARTED 1 WEEK AGO. HAS BEEN CONSTANT. HAS HAD PREVIOUSLY AND LASTED A FEW DAYS. THAT WAS ABOUT 2 MONTHS AGO. SEEN AT EYE CENTER. MONOCULAR VISION OK BUT UNABLE TO FOCUS WITH BINOCULAR; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	will fax it in; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	WILL FAX; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	will fax; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	14 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	1.7cm nodule on Chest X ray, shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	5mm left lower lobe non calcified nodule on indeterminate etiology. FU CT requested 6 months from 4/30/19; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	11 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	14	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	abn x-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	abnormal chest x-ray, and shortness of breath; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal Chest Xray with mildly widened mediastinum. Also cardiomegaly and infiltrate versus atelectasis.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	abnormal chest xray. radiologist recommending chest ct due to several opacities and scarring atelectasis that is seen on chest xray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal CXR done today in office. Patient is a long time smoker.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal X ray of chest; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Acute resp illness, greater than 40 years old; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	bypass; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Caller will send in clinical documentation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/02/2020; There has not been any treatment or conservative therapy.; unexplained weight loss, abnormal labs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	chest X-ray 2/19/2020; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CHEST XRAY DONE AT HOSPITAL WHICH FOUND 19 MM NODULES RUL; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CHRONIC BRONCHITIS;CHRONIC COUGH;SHORTNESS OF BREATH; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	COC; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up Blood Clots; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood, left lung mass and chronic productive cough; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	ct Chest in 2015 non calcified 5 mm left lower lobe nodule and suggested to follow up in one year to establish stability and that was never ordered; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CT 1/22/2019;IMPRESSION;:1. Stable 0.8 cm right upper lobe pulmonary nodule. The stability of;one year's time favors a benign structure. Based on the size of the;nodule, a repeat noncontrast CT scan of the chest in one year's time;is indicated to dem; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CT 10/1/19;IMPRESSION:;1. There are two noncalcified right lung nodules measuring up to 6 mm.;If this is a high risk patient for pulmonary malignancy, a noncontrast;CT scan of the chest in six months time is indicated. If this is a low;risk patient, ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	current sx have intermittently been present since October; will improve some with abx and steroids; will quickly return. Patient is a smoker; smoking 1.5 -2 ppd.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Diaphragmatic hernia without obstruction;Short of breath ;enlarged heart;upper abd pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	DOE, coughing and wheezing,; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	11 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; abnormal chest x ray, six palsy of the right eye, shortness of breath, dbl vision.; medication, chest x rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	EVALUATE LUNG NODULE HIGH RISK FOR LUNG CANCER. RADIOLOGY RECOMMENDS DEDICATED CT TO R/O LUNG CANCER; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient quit smoking in the past 15 years.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Follow up from CT of chest in 2018. Pulmonary nodule noted on that 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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	follow up of abdominal ct done 6/16/2019-7mm nodule in the right lower lobe..it is recommend a ct follow up 6 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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	for evaluation of right lung mass to further evaluate whether this could possibly be TB versus lung cancer. History of smoking, history of lung cancer, and also exposure to tuberculosis; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	had low dose ct in 11/2019 that showed nodule.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	He has noted lymph node on the right side of his throat. He is concerned because of his previous history of laryngeal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	hx of tb pulmonary edema abnormal xray; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	IMPRESSION;;1. No evidence of obstructive uropathy, urinary calculi or acute;intraabdominal/pelvic process.;2. Partially visualized 8.5 mm pulmonary nodule in the right lower;lobe suspected to have central calcifications suggesting a calcified;granul; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	IMPRESSION:;Stable pulmonary emphysema with left lower lobe nodularity. Recommend;chest CT in one year to confirm two year stability from the original;April 2018 examination.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	MANA HEALTH SERVICES PRECERTIFICATION REQUEST FORM;Patient Information;Name: JAMESANDERSON;DOB:08/12/1954;IDX #: ;ID: ;Home Phone: 479-466-9315;Work Phone: (479) 770-6158;Alt Phone:479-466- 9315;Referring Provider Information;Referring P; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Mass on chest; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	multiple nodules of lung;as patient has nodules with smoking history, rule out cancer;;c/o ongoing issues with productive cough, chest congestion, feeling fatigued over a week. denies body aches or fever. pt is afraid of pneumonia. this getting worse a; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Multiple nodules of lung;R91.8: Other nonspecific abnormal finding of lung field;CT, CHEST, W/WO CONTRAST - Note to Imaging Facility: one year follow up CT; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	no; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	none; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	On her CT from 11/25/18 there was a rounded right posterior perihilar density with scattered air bronchogmas that extends into the inferior aspect of the right lower lobe. The radiologist suggested she get a follow up CT in 6-8 weeks.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	One year follow up. Lung nodule, less than 1cm, mod-high risk; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	patient been in office twice since December for coughsee clinicals; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had a chest x-ray done today that should a mass that makes the patient look like she has two hearts. Patient has been having bad coughs and has been taking antibiotics for 2 weeks and is having night sweats and chills.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	PATIENT HAD A CT OF THE ABDOMEN ON 2/12/2020 AND THE RESULTS SHOW A PULMONARY NODULE THAT NEEDS FURTHER EVALUATION; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had chest x-ray on 12/26/19. The radiologist noted a indeterminate nodular opacity at right apex and recommended a chest CT for further evaluation; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient has a persistent cough.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient is here today for hospital follow-up after being diagnosed and treated for pneumonia. She is doing much better today. She reports that hospitalist was concerned about spot on her chest x-rays. She reports that he was wanting a CT scan of her chest; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient with chronic cough and chest congestion, dyspnea, enlarged lymph nodes. Patient coughing up dark yellow to brown sputum. intermittent fevers and increasing severity since November; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	perihilar haziness suggesting bronchitis; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	PFT showed mild restrictions.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	PFTs reveal a restrictive pattern, report will be scanned into chart;She is a former smoker with over 15 pack year history. She has 6 weeks of cough and fever despite usual pharmacological treatment. Xrays have been unrevealing. Proceed to CT lung with a; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	pt failed 3 rounds of antibiotics, chronic cough since December 2019; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	pt had a chest xray on 12-31-19 that shows right lung mass. xray was repeated with nipple markers and verified 15mm diameter density in the right lung base at the lever of the right hemidiaphragm.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt had x-ray and there was a mass found. And Dr suggested the CT for further evaluation; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt has hospital documentation on CTA Chest 01/09/2020 indicating the presence of pulmonary nodules, follow-up CT recommended by radiologist; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt reports he was out in shed and shut door and then woke up on ground. Patient also has a pulmonary nodule found on chest x-ray; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt was in hospital for pneumonia and abnormal labs. Chest X-ray: here is increased density in the left lung base concerning for pneumonia. There is also mild prominence of the left paratracheal soft tissues in the mediastinum. Correlation with CT of the c; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	PULMINARY NODULE ON XRAY, ABNORMALITY IN LEFT LOWERE LOBE, CARDIOMEGOLY.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	pulmonary nodules seen on chest x ray. pain in left lung; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Right perihilar nodular opacity. Recommend correlation with prior imaging if available to evaluate for stability. If no imaging is available for comparison, recommend CT of the chest with contrast for further evaluation.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	rule out rib fracture; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	see attached chest xray report; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	see clinicals; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	She has pulmonary nodule seen on a CT scan of the chest back in February was read commended to be repeated in about six weeks. She reports she has had insurance trouble with that. She is due a repeat scan for pulmonary nodulesown If No Info Given.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	supraclavicular adenopathy, ruling out cancer. recent us thy/neck done with palpable mass with 3 different nodes.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	symptoms remain unchanged with inhalers and oral medications, asthma is uncontrolled; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	The pt had ultrasound of the head and neck and the Dr recommended a CT; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	the Pt had x-ray reflected nodule. follow up; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	The pt is coughing up black phlegm and is a smoker.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	19 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	unintentional weight loss; Decreased appetite; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	UNKNWON; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Will fax 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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Will fax in.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	will fax records; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	worsening SOB; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	x ray showed 4.1centimeter round opacity over T spine on the lateral view; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	x rays show increasing in size, suspicious, had has pneumonia; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	xray showed pneumonia in left lung. also showed fullness to the left hilum, may be vascular reflecting adenopathy. They requested doctor to schedule CT Chest; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	shortness of breath chest tightnesspositive for shallow; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	19 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	Painful right shoulder, tingling in the finger on right hand, decreases sensation of right thumb, failed pharmacologic and chiropractic treatments, cannot do a MRI due to a pacemaker.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	patient is having neck pain with left arm paresthesia. xrAY did show quite a bit of arthritic changes.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	Upper extremity and neck pain and he is fallen; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;2 months ago; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;Muscle weakness. tenderness around pelvis area .; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;over the counter medication for pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020 Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;2 months ago; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;Muscle weakness. tenderness around pelvis area .; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;over the counter medication for pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020 Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	14 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	15 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; There are degenerative changes at multiple levels with disc narrowing and osteophytes. There are no fractures. There is straightening of the normal curvature.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the patients grip; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Patient has numbness and decreased strength in her right forearm and right hand. Patient has pain in her left wrist.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	3/3/20;Today she is complaining of some vague pain in her forearms with associated numbness and tingling in her hands. She had not correlated that this might have something to do with her neck and says she has not really been experiencing any neck pain ; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Hand weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	ABNORMAL SWALLOW STUDY; 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	EMG , possible radiculopathy; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; gapatin 300 mil	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical 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 complaining of weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; abnormal nerve condjustion; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient had weakness in grip strength in both arms. c6 weakness and cervical spine area; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; neurological change; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	left side pain tingling; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 4 OUT OF 5 GRIP STRENGTH; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	NEUROLOGICAL: Positive for paresthesia (right upper extremity), weakness (generalized; bilateral lower extremity), States has pain and numbness down both legs worse in right leg and History of spinal abscess. Negative for dizziness, fainting, heada; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NEUROLOGIC: cranial nerves II-XII grossly intact; sensation: hypoesthesia in right C6 distribution; MUSCULOSKELETAL: gait: slowed, stooped, and Pain with palpation of low lumbar spine; range of motion: decreased ROM in the neck; decreased ROM in the back; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	none.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown.; There has been treatment or conservative therapy.; Neck pain and LBP.; HEP, NSAIDS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	numbness on hands and forearm; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	numbness,back pain, bilateral numbness lower extremity right hip tendernessconstant pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	pain is constant moderate and intensity is severe, started 6 months ago. Most prominent in cervical and lumbar spine 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient had an x-ray that shows degenerative disease in spine. Pain was so severe she went to the ER and the ER doctor recommended she have a MRI completed.; This study is being ordered for a neurological disorder.; 01/30/2020.; There has been treatment or conservative therapy.; Mid pain back that irradiates out and into the neck, stiff neck, numbness, tingly, sleep disruption .; Physical therapy, pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	popping when she turns her head, sever 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.; weakness and tenderness on left in cervical region.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pt has had multiple falls recently due to UTI. Now having right shoulder tingling and m= numbness of the thumb and 3rd digit on both hands.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radicular pain, abnormal x-ray showing Mild degenerative changes at C5/6.; 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.; Exam findings are abnormal x-ray, arthralgias, decreased range of motion with muscular and bony tenderness, and weakness going down to right arm	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	right shoulder pain. Patient has done therapy for 6 months; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in right arm an hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient has anesthesia of skin, tenderness, crepitus, and pain with motion. Patient has had physical therapy and takes Ibuprofen regularly. Patient is still having 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.; tender to the touch.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	6	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	17 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for staging.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain in the neck and pain with weakness in the first 3 fingers of the right hand and this is positional; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of right; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; This study is being ordered for a neurological disorder.; May 21 2019; There has been treatment or conservative therapy.; Parasitia of the skin, pralasis of the legs, back pain radiating to the legs reports tingling and its getting worse and a heat sensation on his back; Physical therapy and has already seen a nero surgeon; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/31/2018; There has been treatment or conservative therapy.; DDD cervical spine with radiculopathy, chronic low back pain with radiculopathy; physical therapy, injections, weight loss, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; This study is being ordered for trauma or injury.; 11/29/2019; There has been treatment or conservative therapy.; Neck and back pain when moving, soreness, inability to move at times.; Oral medication and rest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Will fill out disability paperwork. He has been unable to work since Oct 29 and is unlikely to be able to return.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Has full ROM but pain with movement.normal grip strength, but arm strength 4/5 bilaterally.; He has failed conservative management including physical therapy. He has neurological deficits and would be a candidate for surgery or injections.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; Back Pain; Failed meds, pain managment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>ABNORMAL X-RAY OF THE T-SPINE. PHYSICIAN REQUESTING MRI TO DETERMINE THE COURSE OF ACTION; This is a request for a thoracic spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; TRAMADOL;FLEXERIL</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>Back Pain upper back pain persists, PT only slightly effective, pain interrupts sleep at times;Taking diclofenac w/limited relief (changed from celebrex d/t insurance coverage), PT for 8 weeks; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>does have cervical cord Malaysia, weakness in lower extremities; This is a request for a thoracic spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS 4 OUT OF 5 ON LEFT LOWER SIDE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	evaluate pt current disease due to increased pain; This study is being ordered for Inflammatory/ Infectious Disease.; Pt has been diagnosed with Ankylosing Spondylitis for many years before being seen at our clinic. Inital diagnosis was approx 1998-2002; There has been treatment or conservative therapy.; severe pain in the thoracic and lumbar region; pt is currently on Humira; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	In July 2019 pt underwent a kyphoplasty and his pain has returned to the point where is he wheelchair bound.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	no; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient is having continued back pain even after PT at home and pain management. Pain is getting worse needs to re-evaluate to see what is going on .; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; Patient has been going to the pain management for over 1 month 1/2 with no help pain is getting worse needs to evaluate further to see what is causing the pain; There is recent evidence of a thoracic spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient is having extreme pain, Xray were done showing fractures need further testing.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/17/2020; There has not been any treatment or conservative therapy.; severe back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient presents in follow up from ER visit. They were seen on 11/25/19. The diagnosis was MVA, thoracic compression fx. Workup included: CT T-spine and C-spine. Treatment included hydrocodone. The patient's course has improved. Associated symptoms include; This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The last Thoracic Spine MRI was performed more than 10 months ago.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Thoracic back: She exhibits decreased range of motion and tenderness. ;Musculoskeletal: Positive for arthralgias, back pain and myalgias; This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Thoracic pain that comes and goes, doing physical therapy without any relief; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Unknown; This study is being ordered for a neurological disorder.; May 21 2019; There has been treatment or conservative therapy.; Parasitia of the skin, pralisis of the legs, back pain radiating to the legs reports tingling and its getting worse and a heat sensation on his back; Physical therapy and has already seen a nero surgeon; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Unknown; This study is being ordered for trauma or injury.; 11/29/2019; There has been treatment or conservative therapy.; Neck and back pain when moving, soreness, inability to move at times.; Oral medication and rest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam find X-ray of lumbar spine today shows multiple issues with bridging osteophyte;formation on each vertebra, loss of disc height, and chronic degenerative changes.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; 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.; Physical Exam Lungs clear to auscultation. No wheezes or rales. Good air movement. Normal respiratory rate. No use of accessory muscles. Heart regular rate and rhythm. Abdomen soft, non tender. Liver, kidney, and spleen are not palpable. No focal ten	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; low back pain with numbness to lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; The study requested is a Lumbar Spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is 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.; stiffness, difficulty flexing hip joint, difficulty rotating hip joint, difficulty bearing weight, low back pain, numbness in the leg and weakness of leg.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	44 year old female c/o lower back pain. Patient reports that she's been falling a lot lately and three days ago she fell and landed on her butt hurting her back has a knot on lower back area. Patient states she broke her back in 1992. Patient rates pain 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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Back exam - limited range of motion, pain with motion noted during exam;Pain with standing in his lower back with standing, lower back pain that radiates down his legs and wraps around his left leg with sitting or laying. patient has tried physical thera; 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 exam - limited range of motion, pain with motion noted during exam;Pain with standing in his lower back with standing, lower back pain that radiates down his legs and wraps around his left leg with sitting or laying. patient has tried physical thera; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Back pain is worse even with 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.; weakness and pain to lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	back pain; Mid BILL back pain. States she thinks it may be from extra skin.;fatigue.; She has been seeing chiro for over a year and no relief She has done 4 weeks of pt and she has had problems still.;M54.5: Low back pain;MRI, LUMBAR SPINE, W/O CONTRA; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	BACK PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>BACK: MILD TENDERNESS AROUND THE LEFT PSIS. FLEXION IS OKAY, EXTENSION IS MODERATELY PAINFUL.;NEUROLOGIC: LOWER EXTREMITIES REVEAL THE LEFT PATELLAR DTR IS 2+ AND THE RIGHT IS 3+. SENSATION DECREASED TO TOUCH OF THE LEFT POSTERIOR THIGH, LEG AND FOOT. STR; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;</p> <p>BACK: MILD TENDERNESS AROUND THE LEFT PSIS. FLEXION IS OKAY, EXTENSION IS MODERATELY PAINFUL.;NEUROLOGIC: LOWER EXTREMITIES REVEAL THE LEFT PATELLAR DTR IS 2+ AND THE RIGHT IS 3+. SENSATION DECREASED TO TOUCH OF THE LEFT POSTERIOR THIGH, LEG AND FOOT. STR; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.;</p> <p>There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Chief Complaint of Back Pain;woke up with b/l low back 2 weeks ago wo sciatica. No trauma/bruising/swelling/numbness/radiation of the pain. No improvement with NSAID OTC PRN nor chiropractic care. Walking makes it worse. Hot shower eases the pain but; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.;</p> <p>The patient has NOT had back pain for over 4 weeks.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Chronic Back pain, Exhibits decreased range of motion tenderness bony tenderness swelling, Straigh Leg positive on Right seated and supine,Patellar reflexas are 1+ on Right side and 2+ on Left, Achilles reflexes are 1+ on Right side and 2+ on Left, X ra; The study requested 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 radiating down his buttock upper thigh past the knee and as far as down his right ankle. Positive for numbness and weakness on Right side, decreased range of mothio tenderness bony tenderness swelling pain and spasm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	chronic low back pain radiating to lower extremities. Positive straight leg raise on both left and right sides, 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; reflexes trace pattered bilateral, Achilles trace reflexes. Weakness: slight weakness on hip friction on right	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral leg weakness w/ numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased strength in right leg, rt. leg is weaker then the lft., and feet are numb.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LEFT LEG WEEKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Loss of the left leg reflex; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness left leg at times; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; 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.; Document exam findings>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/16/2020; There has not been any treatment or conservative therapy.; Patient has altered mental status, headache and severe lower back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	evaluate pt current disease due to increased pain; This study is being ordered for Inflammatory/ Infectious Disease.; Pt has been diagnosed with Ankylosing Spondylitis for many years before being seen at our clinic. Inital diagnosis was approx 1998-2002; There has been treatment or conservative therapy.; severe pain in the thoracic and lumbar region; pt is currently on Humira; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	failed physical therapy tx, mediations tried naproxen, flexeril, tizanidine, Medrol dose pack, Norco. worsening symptoms; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LLE weakness on physical exam; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	HAS TRIED CHIROPRACTIC AND MELOXICAM WITH NO RELIEF.; 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.; RIGHT LEG WEAKNESS, BILATERAL LOW BACK PAIN WITH PALPATION; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	He presents to the clinic today for ER follow-up. He was seen in the ER at NEA on 1/27 with severe lower back pain. I have reviewed these records. He has been suffering from chronic back pain for some time, however in the past few weeks it has significant; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	HPI here for 2-3 week onset of lumbar pain - radiates across low back, down left leg and radiates to left groin, no numbness to area but interfering with activities.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	In July 2019 pt underwent a kyphoplasty and his pain has returned to the point where is he wheelchair bound.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	lumbar pain w/ radicular symptoms, not better after completing PT. Radicular symptoms worsening, straight leg rise ipsilateral positive left worst then right side, paraspinous muscle spasm, tenderness over lumbar veribra, tenderness over scarl veribre; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020 Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	NEUROLOGICAL: Positive for paresthesia (left lower extremity) and weakness (left lower extremity); The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; MUSCULOSKELETAL: digits/nails: Heberden's nodes (at DIPs); , normal gait;; tone and strength: L. leg weakness on heel and toe walking; , Crepitus, Tenderness, Effusion: tenderness noted in the L4-5 area lumbar 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.	1 2020 Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	New onset neurological defects included numbness and tingling to BLE present for 3 weeks. Patient unable to feel touch or sharp objects in lower back to gluteal muscle.; 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.; positive right leg raised test. Numbness and tingling down lower back into lower extremities. Lower back to gluteal muscle is completely numb to sharp objects noticed during IM injection of medication. There are pars defect noted on recent xray L-spine at	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	none.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown.; There has been treatment or conservative therapy.; Neck pain and LBP.; HEP, NSAIDS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	numbness,back pain, bilateral numbness lower extremity right hip tendernessconstant pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PAIN HAS BEEN OCCURRING FOR 3 WKS. NERVE CONDUCTION VALUES ARE WELL WNL. EMG NEEDLE EXAM IS UNREMARKABLE; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PROGRESSIVE RIGHT 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pain is constant moderate and intensity is severe, started 6 months ago. Most prominent in cervical and lumbar spine 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pain with flexion; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in right lower ext; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient also has chronic back pain had an MRI performed last May which asked for a repeat MRI because of a possible meningioma versus ependymoma versus nerve root tumor in the L4 region. Patient was supposed to see a neurosurgeon but could not get in bec; The study requested is a Lumbar Spine MRI.; It is not known if there is evidence or tumor or metastasis on bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has completed PT. pain is worsening, unable to walk alone. Currently using a walker.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; difficulty walking and radiating pain.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PATIENT HAS MUSCLE WEAKNESS, AND HAS PERSISTENT LOWER BACK/HIP PAIN FOR GREATER THAN 12WEEKS. HE HAS TRIED AND FAILED OTC AND PRESCRIPTION NISADS. PATIENT HAS TRIED AND FAILED MULTIPLE CHIROPRACTIC SESSIONS, AND PHYSICAL THERAPY.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT IS UNABLE TO LIFT ANYTHING OVER 5LBS, STRUGGLES WALKING LONG DISTANCE, OR SITING FOR EXTENDED PERIOD OF TIMES.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has pain not getting better using medications or Physical therapy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient is having increased pain in the low back and left leg after steroids.; The study 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.; Musculoskeletal:: Joints, Bones, and Muscles: tenderness (l4/l5 and right paravertebral musculature.); SLT positive on right to about 60 degrees. +spasm. FABER bilat hip. Extremities: no edema.;;Neurologic: Gait and Station: normal gait and station. Cra	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patients symptoms seem to be progressively getting worse. Dr. feels that an MRI for better diagnosis is 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.; muscle strength is a 3/5 for Right hip adductors.;Patient is unable to walk on tiptoes and heels. Unable to squat.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt has hap hip/LBP since August 2019. Pt has used NSAIDS and attended PT; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt has reduced hip flexion strength and hip ER strength per physical therapy.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PT IN CLINIC TODAY C/O LEG WEAKNESS X 5 WEEKS. ALSO C/O PAIN, NUMBNESS, AND WEAKNESS TO BILATERAL LOWER EXTREMITIES. CANNOT TAKE NSAIDS D/T GASTRIC SURGERY HISTORY. HAS TRIED CHIROPRACTIC WITH NO RELIEF.; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LOW BACK PAIN BILATERAL LEG WEAKNESS, PAIN, AND PARASTHESIAS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt is having back pain radiating down left leg. She has completed two months of Physical Therapy. She has continued taking OTC medications, using heat, and has not relief. Her x-ray of her lumbar spine showed slight DDD in her lower back; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt is having radiating pain in legs and feet and ankles has tried physical therapy and medication with no success pt also has radiating pain when twisting in leg and pelvis her feet are numb and can't feel them has tried support hose and nothing seems to ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt was attempted but unable to be performed. Steroid injection and pain has been used but 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.; Complaints of left sided weakness and numbness. Difficulty with walking.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PT with no real 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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pts previous MRI showed a pocket of fluid on the lumbar spine. It is being further evaluated for abscess, post op cyst, or seroma.; The study requested is a Lumbar Spine MRI.; It is not known if there is laboratory evidence of osteomyelitis.; Known or Suspected Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; It is not known if there is laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Right straight leg raise was negative.;Left straight leg raise was positive at 45 degrees. ;There is bilateral lumbar paraspinous muscular 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Two plus right knee and ankle deep tendon reflexes.;One plus left knee deep tendon reflex.;Two plus left ankle deep tendon reflex. ;Decreased sensation to light touch on left lower extremity and foot.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	sepondyalsis; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The patient presents to the clinic with complaints of bac/right leg pain. This pain has been occurring for several months.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	34 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	61 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	17 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	18 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	12 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/31/2018; There has been treatment or conservative therapy.; DDD cervical spine with radiculopathy, chronic low back pain with radiculopathy; physical therapy, injections, weight loss, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	will fax in clinicals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	WILL FAX RECORDS; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	will fax records; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is NO physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	xray could not rule out fracture; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	; The ordering physician is not an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	abnormal pelvic US completed 8/13/19--ill defined soft tissue mass.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Abnormal signal in the S2 vertebral body concerning for possible;neoplastic disease. Recommend a repeat MRI of the sacrum with and;without contrast.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	CT A/P w done on 1/7/2020 showed sacrum lesion; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	exercise to 1 hour & 15 minutes. She noticed 3 weeks ago during a walk, that she had pain in both inner thighs near the groin. There was swelling in the left groin initially. She has not walked in 3 weeks, and the right groin has improved. The left 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Partially separated uterus per ultrasound; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Subacute pelvic pain with L sided uterine mass. Normal L ovary on ultrasound.;Suspicious for Mullerian anomaly with non-communicating rudimentary horn.;Please evaluate. Thank you.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Unknown; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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 is still doing the treatment.; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; ; The patient received medication other than joint injections(s) or oral analgesics.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 6 weeks of home exercise and stretching with no improvement in symptoms; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Home exercise for 6 weeks for shoulder pain lasting several years. ;;No improvement; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	has osteoarthritis of the shoulder; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Jennifer presents with R shoulder pain and thoracic pain. She reports pulling pain in her posterior right shoulder. She reports symptoms are worse with simple chores like mopping. She denies weakness. Reports limited ROM. That began after MVA 08/19. She h; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Joint PAIN; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	limited rom. shoulder making popping noise.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Member fell of steps and landed on the right shoulder, has been several weeks and the patient is still in pain and has limited range of motion.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Mr. ALLEN Complaint of pain in right shoulder.. It began 1 week ago. It is of moderate intensity. He estimates that the frequency of this symptom is every couple of minutes. The typical duration of an episode is quite variable. Aggravating factors in; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	none; This study is being ordered for a neurological disorder.; 5 months ago; There has been treatment or conservative therapy.; numbness and tingling in both arms, right elbow and bilateral shoulder pain; steroid injections and pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	pain began 8/5/2019, little range of motion in the shoulder weakness, unable to do PT cause of the pain, started when she turns her neck; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	r/o fracute. pt was seen in siloam springs on 01.29.2020 for domestic abuse by her husband. she has continued swelling and pain pt was seen in clinic on 02.26.2020 with rt wrist pain with swellingand residual bruising. pt assessments: ;E11.9;R79.9;I10;; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Shoulder pain x's 6 months. worsening. patient c/o weakness. Exam shows limited ROM, painful ROM, tenderness over greater tuberosity. Possible rotator cuff injury. Needs MRI for further 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	29 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	12 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	UNABLE TO LIFT ARM ABOVE ELBOWSUSPECTED ROTATOR CUFF TEARTENDERNESS IN BICEP TENDON ABNORMAL RANGE OF MOTION NORMAL X-RAY; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; ANTI-INFLAMMATORY; The patient received medication other than joint injections(s) or oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Unknown; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	unknown; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	x-ray did not show reason pain2/20/2020; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	X-RAY SHOWED AVULSION FRACTURE OF L THUMB RADIOLOGIST RECOMMENDS MRI; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	XR normal. pain increased; 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.; symptoms worsened, medication not helping, member could not continue after 6 weeks. suspicion of rotator cuff tear; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	Significant effusion noted. Possible ligamentous vs meniscal injury suspected; further eval with MRI (or CT if needed due to R hip hardware) recommended.; Knee Pain;Knee Pain ;Location: Knee;Time since incident: 13 months;Injury: no ;Knee locat; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Claudication, assess for revascularization; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Claudication, assess for revascularization; Claudication, assess for revascularization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	; This is a request for a foot MRI.; The study is being ordered for foot pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has NOT had foot pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	; This is a request for a Knee MRI.; The 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	ABNORMAL ULTRASOUND; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Destructive changes and fragmentation at the first MTP joint;possibly reflecting acute or chronic osteomyelitis, gouty arthropathy;or severe degenerative change.;2. Erosive changes along the medial margin at the base of the third;proximal phalanx, al; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were abnormal.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	done PT for 6weeks using compression stocking; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Enter answer here - or Type In Unknown If No Info Given. >fax clincals; 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	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Looking to rule out avulsion.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Moderate osteoarthritic narrowing of the medial compartment of the;right knee and the patellofemoral joint.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	none; This study is being ordered for trauma or injury.; 01/29/2020; There has been treatment or conservative therapy.; pain and swelling; medications, Home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	per Dr. Dickson he wanted to make sure there was not an meniscus tear the pain began one month ago.The pt have episodic flare-ups with symptom-free periods in between. Patient has had an Orthopedic x-ray no fractures or dislocation sighted. Associated sym; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Positive Thompson test; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Reports sx's started about 3 weeks ago when she twisted her ankle while cleaning one of her rooms in preparation to move. She came to urgent care and got it xrayed two separate times without any acute bony abnormalities, however the pain is still problem; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The pain has been present for over 8 wks. She reports the pain began after she stepped down a step leaving her home. She felt a pop and sharp pain in the lateral portion of her knee. She was treated with IM steroids on 1/1/20. She is unable to take NS; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a Knee MRI.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is being planned.; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; Arthroscopic surgery	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; It is unknown if surgery is planned.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is NOT being planned.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; It is unknown if surgery is planned.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is being planned.; Arthroscopic surgery	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is NOT being planned.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Instability; Surgery is NOT being planned.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Limited range of motion; Surgery is NOT being planned.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; It is unknown if surgery is planned.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	10 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; Surgery is NOT being planned.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.	12 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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 a pre-operative study for planned surgery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	unknown; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	Enter answer here - or Type In Unknown If No Info Given. This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	Enter answer here - or Type In Unknown If No Info Given. This is a requests for a hip MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the request is for hip pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	patient felled and injured hip not visible on x-ray; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	patient had a fall on 12/25/19 was given steroids with no relief pain is getting worse and radiating to right leg; This is a requests for a hip MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	11	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; It is unknown if this study is being ordered for staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	3 cm hyperechoic area in the liver between right and left lobe; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	abd ultrasound: 2/12/20: normal gallbladder and pancreas, hypoechoic mass superior to the gallbladder fossa measuring 22.3 mm x 20.3mm x 22.0 mm which has nonspecific imaging characteristics, differentials include complex cyst, abscess, atypical hemangioma; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	ct done in april 2019 some findings of abdomen; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for trauma.; It is not known if this request is for follow up for abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; It is not known if there is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; It is not known if there are physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >patient had untra sound confirming gaul stones; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	liver lesion found on previous CT that requires follow up per radiologist; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Mass was found on a previous CT. Patient is also having upper left quadrant pain in the area where the known mass is.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	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.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Palpable abdominal mass on exam. ;;Dr. Johnston spoke with Dr. Julie Best on 02/25/2020 and he was told that if chart was updated for CT Abdomen only that this would meet Criteria.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	patient has a mass that was found on ultrasound; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Patient with diffuse abdominal pain, chronic diarrhea and low body weight.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	PT HAD CT ABD WHILE IN HOSPITAL 12/25/2020 THAT FOUND AN INCIDENTAL FINDING OF 1.7 CM LIVER LESION THAT HAS QUESTIONABLE NODULAR ENHANCEMENT. ;THIS IS CT WITH TRIPLE PHASE PRE & POST CONTRAST;;ALSO HAS 8.9 CM CYST RIGHT KIDNEY; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	RIGHT UPPER QUADRANT PAIN FOR A YEAR.;BRIGHT RED BLOOD PER RECTUM; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	stomach pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	The hernia has become bothersome to the patient and would like to see a general surgeon following this exam. Patient says the pain is worse when he is laying down. It radiates into his back.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; The hematuria is newly diagnosed.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	THIS IS STATUS CHECK/SIZE CHECK OF AORTIC ANEURYSM. IT HAS BEEN OVER A YEAR AND A HALF TO CHECK THE SIZE; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	UNKNOWN; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is unknown if this study is being ordered for staging of a known tumor (not prostate, known prostate CA with PSA>10, abdominal mass, retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	whipple procedure done 2017,abdominal hernia repair 2018; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	8 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1.Presacral and piriformis fluid collection has completely resolved since;prior study.;2. 2 cm left adrenal gland nodule not fully characterized on this exam.;Follow-up CT adrenal mass protocol recommended.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>1.Presacral and piriformis fluid collection has completely resolved since;prior study.;2. 2 cm left adrenal gland nodule not fully characterized on this exam.;Follow-up CT adrenal mass protocol recommended.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>12/11/2019-Also reports that she has been having ruq pain for about a couple months ago and is slowly getting worse. Reports that she does have bad pain with fast food. Pantoprazole is not helping.;;12/23/2019-47 yo CF presents with continued Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/11/2019-Also reports that she has been having ruq pain for about a couple months ago and is slowly getting worse. Reports that she does have bad pain with fast food. Pantoprazole is not helping.;;12/23/2019-47 yo CF presents with continued complaint; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	49 yo female noted to have LLQ abdominal pain for 7 days. she has had a left ventral hernia repair before. Is doing alot of heavy lifting now. Please evaluate for recurrent hernia or mass. she also has less pain throughout the abdomen. Thanks!; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	49 yo female noted to have LLQ abdominal pain for 7 days. she has had a left ventral hernia repair before. Is doing alot of heavy lifting now. Please evaluate for recurrent hernia or mass. she also has less pain throughout the abdomen. Thanks!; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	58 year female presents today stating that she had an onset of lower abdominal pain last night. She states the pain radiates from the left lower abdomen into her pelvis. She states it is exacerbating after she urinates. She denies any diarrhea, nausea or ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	58 year female presents today stating that she had an onset of lower abdominal pain last night. She states the pain radiates from the left lower abdomen into her pelvis. She states it is exacerbating after she urinates. She denies any diarrhea, nausea or ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, RLQ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, RLQ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, unspecified; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, unspecified; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, unspecified;history of diverticuosis,history of Crohn's disease.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, unspecified;history of diverticuosis,history of Crohn's disease.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abd pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abd pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ABDOMINAL BLOATING; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ABDOMINAL BLOATING; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abdominal pain (intermittent, moderately intense, dull, RLQ), chills, hesitancy, nausea and low back pain.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abdominal pain (intermittent, moderately intense, dull, RLQ), chills, hesitancy, nausea and low 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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abdominal pain and tenderness elevated amylase .; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abdominal pain and tenderness elevated amylase .; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>ABDOMINAL PAIN LLQ WITH CRAMPING PAIN. NO FEVER, PAIN RADIATES AROUND TO HER BACK ON THAT LEFT SIDE. BM'S HAVE DECREASED IN THE LAST WEEK BUT CONTINUES WITH DIARRHEA. STOOLS ARE A BLACK COLOR. CT scan of the abdomen and pelvis to evaluate for colitis or d; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>ABDOMINAL PAIN LLQ WITH CRAMPING PAIN. NO FEVER, PAIN RADIATES AROUND TO HER BACK ON THAT LEFT SIDE. BM'S HAVE DECREASED IN THE LAST WEEK BUT CONTINUES WITH DIARRHEA. STOOLS ARE A BLACK COLOR. CT scan of the abdomen and pelvis to evaluate for colitis or d; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>ABDOMINAL PAIN THAT HASNT IMPROVED WITH CHANGING MEDS, NOT RESOLVED OVER TIME, HISTORY OF OTHER TYPE OF CANCER; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal pain, acute, left lower quadrant; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal pain, acute, left lower quadrant; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal tenderness in the right lower quadrant. Positive for appetite change, nausea and abdominal pain. trying to rule of appendicitis; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal tenderness in the right lower quadrant. Positive for appetite change, nausea and abdominal pain. trying to rule of 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 performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ABDOMINAL WALL BULGE - POSSIBLE HERNIA; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ABDOMINAL WALL BULGE - POSSIBLE 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abnormal prostate exam; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abnormal prostate exam; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Aching sharp staving pain.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Aching sharp staving pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Blood in urine; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Blood in urine; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>Caller will send in clinical documentation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/02/2020; There has not been any treatment or conservative therapy.; unexplained weight loss, abnormal labs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>Chronic RLQ Abdominal Pain -- CT of the abdomen/pelvis w/o (she is allergic to iodine) contrast ordered to look for a hernia, mass, colitis; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>Chronic RLQ Abdominal Pain -- CT of the abdomen/pelvis w/o (she is allergic to iodine) contrast ordered to look for a hernia, mass, colitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	complaint of the left inguinal hernia that is been present for many years. She states it is starting to get little bit more painful and she feels heaviness at times.US ABD/PEL DONE-NORMAL 01/09/2020 BUT CONTINUES TO HAVE PAIN. FELT ON EXAM ALSO; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	complaint of the left inguinal hernia that is been present for many years. She states it is starting to get little bit more painful and she feels heaviness at times.US ABD/PEL DONE-NORMAL 01/09/2020 BUT CONTINUES TO HAVE PAIN. FELT ON EXAM ALSO; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Concern for possible hernia, right lower abdominal pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Concern for possible hernia, right lower abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	elevated white blood cells, vomiting; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	elevated white blood cells, vomiting; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Endometriosis; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Endometriosis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for 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.; Weight loss of 10 pounds within 5 weeks, nausea, vomiting, tenderness with bloating; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type Ipatient was referred for US abdomen and pelvis due to consistent pain in the left lower abdomen. patient reports pain currently 6/10 to left lower abdomen. Will get worse at times and nothing makes pain better.She had a hyster; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Epigastric abdominal pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Epigastric abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	episodic,greater than 1 week;pt states she has diarrhea following eating, states x rays showed blockage earlier this week, pt states she has been following liquid diet. alternating constipation and diarrhea, pt states she had black loose stool this morn; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	episodic,greater than 1 week;pt states she has diarrhea following eating, states x rays showed blockage earlier this week, pt states she has been following liquid diet. alternating constipation and diarrhea, pt states she had black loose stool this morn; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Fecal Incontinence; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Fecal Incontinence; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	First encounter for this problem was 12/24/2019. Abd pain and nausea. C/O nagging pain 7/10 severity. Xray was obtained, came back abnormal. Xray was done on 12/30/2019, showed a 6mm calcification projecting between the L3 and L4 vertebra which could repr; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	First encounter for this problem was 12/24/2019. Abd pain and nausea. C/O nagging pain 7/10 severity. Xray was obtained, came back abnormal. Xray was done on 12/30/2019, showed a 6mm calcification projecting between the L3 and L4 vertebra which could repr; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Gallbladder Ultrasound and Xray has been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Gallbladder Ultrasound and Xray has been completed.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Gastrointestinal: Positive for abdominal pain and constipation; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Gastrointestinal: Positive for abdominal pain and constipation; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HAS GUARDING and REBOUND on exam;appy vs cholecystitis vs mass vs abscess vs diverticulitis vs other; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HAS GUARDING and REBOUND on exam;appy vs cholecystitis vs mass vs abscess vs diverticulitis vs other; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hematochezia; Chronic colitis; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hematochezia; Chronic colitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HEMATURIA; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HEMATURIA; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Here with abd pain, umbilical. Started about a month ago. Noted some bulge at umbilicus. Has grown in size and notes more pain when cough/sneeze.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Here with abd pain, umbilical. Started about a month ago. Noted some bulge at umbilicus. Has grown in size and notes more pain when cough/sneeze.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HX OF MULTIPLE SBO AND SURGERIES, URINARY ISSUES, LOWER BACK PAIN AND NAUSEA; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HX OF MULTIPLE SBO AND SURGERIES, URINARY ISSUES, LOWER BACK PAIN AND 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 abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	I have excessive belching, diarrhea, cramping, etc.;It has been two or three years since the CT Scan. ;I don't have to even eat to have the diarrhea. ;I feel like it has something to do with my right side; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	I have excessive belching, diarrhea, cramping, etc.;It has been two or three years since the CT Scan. ;I don't have to even eat to have the diarrhea. ;I feel like it has something to do with my right side; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	inguinal hernia, right x'2 months; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	inguinal hernia, right x'2 months; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	kidney stones hard to urinate and blood in urine; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	kidney stones hard to urinate and blood in urine; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	LLQ and RLQ tenderness, guarding. KUB was negative. black tarry stools, diarrhea.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	LLQ and RLQ tenderness, guarding. KUB was negative. black tarry stools, diarrhea.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	looking for stone, has hematuria; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	looking for stone, has hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	loss of appetite and weight loss; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	loss of appetite and weight loss; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Lower abdominal pain, sever with chills, fatigue, right lower quad pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Lower abdominal pain, sever with chills, fatigue, right lower quad pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Mild increased echogenicity of the liver consistent with mild fatty liver infiltration. Bilat hydronephrosis. Splenomegaly.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Mild increased echogenicity of the liver consistent with mild fatty liver infiltration. Bilat hydronephrosis. Splenomegaly.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Multiple species present, probable contamination;;TRACE OF LEUKOCYTES;;SUSPECTED STONE DISEASE; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Multiple species present, probable contamination;;TRACE OF LEUKOCYTES;;SUSPECTED STONE DISEASE; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	NAUSEA AND VOMITING. HISTORY OF UROSEPSIS; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	NAUSEA AND VOMITING. HISTORY OF UROSEPSIS; 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 bilirubin.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Nausea VomitingLeft quadrant pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Nausea VomitingLeft quadrant pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Nauseous, lost over 10 lbs within 2 weeks; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Nauseous, lost over 10 lbs within 2 weeks; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	nephrolitiasis; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	nephrolitiasis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	None; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient 34 y.o. Caucasian male presents to f/u on RUQ abdominal pain. Onset of symptoms was gradual with gradually improving course since that time. The pain is located in the RUQ without radiation. Patient describes the pain as colicky and dull, intermit; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient 34 y.o. Caucasian male presents to f/u on RUQ abdominal pain. Onset of symptoms was gradual with gradually improving course since that time. The pain is located in the RUQ without radiation. Patient describes the pain as colicky and dull, intermit; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient comes in today to establish care recently moved here from Colorado. States that she has had a history of kidney stones for the last 30 years. States her last episode of passing a kidney stones approximately 2010. Is having issues with right low; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient comes in today to establish care recently moved here from Colorado. States that she has had a history of kidney stones for the last 30 years. States her last episode of passing a kidney stones approximately 2010. Is having issues with right low; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had abnormal CT of abd/pel in 2017. Has hx of hepatic cysts, mass of appendix, bloating, and family history of cervical cancer.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had abnormal CT of abd/pel in 2017. Has hx of hepatic cysts, mass of appendix, bloating, and family history of cervical cancer.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had gallbladder removed, isn't able to keep anything in her system and is in pain.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had gallbladder removed, isn't able to keep anything in her system and is in pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had recent hospital stay on 12/30/2019 to 1/3/2020 where they gave patient lovanox injections in her abdomen. Patient was seen in office on 1/10/2020 with slight bruising and abdominal pain from the injection sites. Patient was asked to follow up ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had recent hospital stay on 12/30/2019 to 1/3/2020 where they gave patient lovanox injections in her abdomen. Patient was seen in office on 1/10/2020 with slight bruising and abdominal pain from the injection sites. Patient was asked to follow 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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PATIENT HAS A FEELING OF FULLNESS AND POSSIBLE MASS IN UPPER ABDOMEN.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PATIENT HAS A FEELING OF FULLNESS AND POSSIBLE MASS IN UPPER ABDOMEN.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has abdominal pain, has had us abdomen in the past that showed steatosis of liver and cortical thinning of kidneys with no stone, mas or hydronephrosis,abnormal CBC, CMP, B12, BNP.;physician wants CT for plan of care.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has abdominal pain, has had us abdomen in the past that showed steatosis of liver and cortical thinning of kidneys with no stone, mas or hydronephrosis,abnormal CBC, CMP, B12, BNP.;physician wants CT for plan of care.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>patient has been having abdominal pain x 5 mo, has had vomiting, abdominal cramping, nausea, has had a pelvic ultrasound which was unremarkable.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT</p>	1 2020 Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>patient has been having abdominal pain x 5 mo, has had vomiting, abdominal cramping, nausea, has had a pelvic ultrasound which was unremarkable.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT</p>	1 2020 Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>Patient has been to Urgent Care TWICE, ER once, AND OUR OFFICE TWICE FOR THIS and has had two ultrasounds Pain is getting worse. Upper and lower abdominal pain. Anorexia and melena!!!; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>Patient has been to Urgent Care TWICE, ER once, AND OUR OFFICE TWICE FOR THIS and has had two ultrasounds Pain is getting worse. Upper and lower abdominal pain. Anorexia and melena!!!; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has continued left lower abdominal pain. The pain has been going on for approx. 6 months. Patient has had a colonoscopy in the past where polyps were removed. She has more recently had Breast Cancer which required a mastectomy and chemotherapy. Pa; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has continued left lower abdominal pain. The pain has been going on for approx. 6 months. Patient has had a colonoscopy in the past where polyps were removed. She has more recently had Breast Cancer which required a mastectomy and chemotherapy. Pa; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has diverticulitis and need contrasted study. Antibiotics have not helped. nausea, abdominal pain (loose stools at times). Abd pain since 2/19/20; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has diverticulitis and need contrasted study. Antibiotics have not helped. nausea, abdominal pain (loose stools at times). Abd pain since 2/19/20; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had liver enzymes fluctuating over a year now. Has hist of diverticulitis off and on for two years now. He also has skin cancer.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had liver enzymes fluctuating over a year now. Has hist of diverticulitis off and on for two years now. He also has skin cancer.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had severe abdominal pain for several months now needs further eval by a specialist and they would like to have another ct abd. and pelvis for him before he is seen to better care for the patient; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had severe abdominal pain for several months now needs further eval by a specialist and they would like to have another ct abd. and pelvis for him before he is seen to better care for the patient; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient having acute abdominal pain. White count 19.0; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient having acute abdominal pain. White count 19.0; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is having increased pain.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is having increased pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PATIENT IS NEEDING TO HAVE CT OF ABDOMEN AND PELVIS FOR SUSPECTED KIDNEY STONES.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PATIENT IS NEEDING TO HAVE CT OF ABDOMEN AND PELVIS FOR SUSPECTED KIDNEY STONES.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is rebound tenderness right lower quadrant. Potential appendicitis.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is rebound tenderness right lower quadrant. Potential appendicitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is vomiting almost every day x6-12 months. Feels weak and dizzy. Has had weight loss.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is vomiting almost every day x6-12 months. Feels weak and dizzy. Has had weight loss.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PATIENT PRESENTED TO CLINIC WITH ABDOMINAL AND PELVIC PAIN - UA WAS NORMAL - PATIENT DOES NOT HAVE A GALLBLADDER; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PATIENT PRESENTED TO CLINIC WITH ABDOMINAL AND PELVIC PAIN - UA WAS NORMAL - PATIENT DOES NOT HAVE A GALLBLADDER; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient presented with lower abdominal pain, low back pain, recurrent uti and we are trying to rule out a kidney stone.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient presented with lower abdominal pain, low back pain, recurrent uti and we are trying to rule out a kidney stone.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient was first seen on 3-23-20 for abdominal pain, nausea and vomiting and diarrhea. She was diagnosed with bacterial intestinal infection and treated with antibiotics. Patient returned 3-26-20 with improving symptoms. Patient returned on 3-30-20with ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient was first seen on 3-23-20 for abdominal pain, nausea and vomiting and diarrhea. She was diagnosed with bacterial intestinal infection and treated with antibiotics. Patient returned 3-26-20 with improving symptoms. Patient returned on 3-30-20with ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient was previously hospitalized for diverticulitis in January. patient has been having lower abdominal pain with tenderness. physician thinks she has another flare up.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient was previously hospitalized for diverticulitis in January. patient has been having lower abdominal pain with tenderness. physician thinks she has another flare up.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with a 10 plus day history of epigastric and left lower abdominal pain . Hematuria present and elevated WBC with no guarding or rebound. Conservative treatment with antibiotics, steriods, tylenol without significant improvement. Patient has had ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with a 10 plus day history of epigastric and left lower abdominal pain . Hematuria present and elevated WBC with no guarding or rebound. Conservative treatment with antibiotics, steriods, tylenol without significant improvement. Patient has had ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with RT abdomen pain X's 4 days, normal UA, history of complete hysterectomy 1 year ago. no vaginal bleeding or pain.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with RT abdomen pain X's 4 days, normal UA, history of complete hysterectomy 1 year ago. no vaginal bleeding or pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Persistent nausea and vomiting for the last 6 months. Has been to ER the past 3 days in a row with the same complaints. The pain is much worse today.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Persistent nausea and vomiting for the last 6 months. Has been to ER the past 3 days in a row with the same complaints. The pain is much worse today.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	positive testicular painabdominal pain hernia positive right area tenderness in right testies ultrasound, 1/27/2020, same day ordered the ct; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	positive testicular painabdominal pain hernia positive right area tenderness in right testies ultrasound, 1/27/2020, same day ordered the ct; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PREV. AUTH DONE, PT DID NOT HAVE THIS DONE AND IT HAS EXPIRED. CONTINUES TO HAVE PAIN. GB SURGERY ?2014. US RUQ NEG 9/30/19.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PREV. AUTH DONE, PT DID NOT HAVE THIS DONE AND IT HAS EXPIRED. CONTINUES TO HAVE PAIN. GB SURGERY ?2014. US RUQ NEG 9/30/19.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has bloating when eats.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has bloating when eats.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has history of sarcome that was found due to a lump in the right groin. Now has same type of lump in the opposite side groin. Needs CT; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has history of sarcome that was found due to a lump in the right groin. Now has same type of lump in the opposite side groin. Needs CT; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt is having radiating pain in legs and feet and ankles has tried physical therapy and medication with no success pt also has radiating pain when twisting in leg and pelvis her feet are numb and can't feel them has tried support hose and nothing seems to ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt is suspected to have appendices pt has guarding and rebound in right lower quadrant; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt is suspected to have appendices pt has guarding and rebound 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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt states she was seen by a MD in Hot Springs, and was advised she had kidney stones.I UA on visit negative. PT has not had CT to confirm. PT with abdominal/pelvic pain, blood in urine. CT ordered to rule out kidney stones, or confirm.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt states she was seen by a MD in Hot Springs, and was advised she had kidney stones.I UA on visit negative. PT has not had CT to confirm. PT with abdominal/pelvic pain, blood in urine. CT ordered to rule out kidney stones, or confirm.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R/O Appendicitis. Patient has rebound, tenderness, abdominal pain, and hematuria.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R/O Appendicitis. Patient has rebound, tenderness, abdominal 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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R/O DIVERTICULITIS AND LIVER ISSUES;ULTRASOUND ABDOMEN History: Generalized abdominal pain Comparison study: None Technique: Multiplanar real-time ultrasound images were obtained through the abdomen. Findings: The visualized abdominal aorta measures ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R/O DIVERTICULITIS AND LIVER ISSUES;ULTRASOUND ABDOMEN History: Generalized abdominal pain Comparison study: None Technique: Multiplanar real-time ultrasound images were obtained through the abdomen. Findings: The visualized abdominal aorta measures ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	renal stone protocol;Acute Midline low back pain also had an abnormal x-ray; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	renal stone protocol;Acute Midline low back pain also had an abnormal x-ray; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	right groin down right leg, Constant, Moderate, nontender, new knot , Symptom(s) Began: Suddenly, Symptom(s) progressed: no change; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	right groin down right leg, Constant, Moderate, nontender, new knot , Symptom(s) Began: Suddenly, Symptom(s) progressed: no change; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RUQ pain; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RUQ pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She has possible Kidney stones. she has flank pain and hematuria; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She has possible Kidney stones. she has 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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She states that she has had low back pain for a few days. She was called friday by her GI doctor and was told that her kidneys were swollen. She states that she does not have burning with urination and denies urinary frequency. She describes a darker ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She states that she has had low back pain for a few days. She was called friday by her GI doctor and was told that her kidneys were swollen. She states that she does not have burning with urination and denies urinary frequency. She describes a darker ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	suspicious painful abdominal mass found on physical exam; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	suspicious painful abdominal mass found on physical exam; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Tara is a 35 year old female who presents tonight for fever, sore throat, muscle aches, and abdominal pain. Symptoms began late last night. She went home from work last night and slept until this afternoon. When she woke up, she felt really bad with the b; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Tara is a 35 year old female who presents tonight for fever, sore throat, muscle aches, and abdominal pain. Symptoms began late last night. She went home from work last night and slept until this afternoon. When she woke up, she felt really bad with the b; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	tenderness in right and left quadurant and trying to rule inguil mass; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	tenderness in right and left quadurant and trying to rule inguil mass; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The pain is located in the generalized abdominal region. The quality of the pain is tearing and sharp; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The pain is located in the generalized abdominal region. The quality of the pain is tearing and sharp; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient presents for left lower abdominal mass. The patient has this hard, firm mass that she feels is;contiguous with her lower abdominal wall but also deeper to the wall . She can feel it intermittently, and;it becomes very hard and painful once t; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient presents for left lower abdominal mass. The patient has this hard, firm mass that she feels is;contiguous with her lower abdominal wall but also deeper to the wall . She can feel it intermittently, and;it becomes very hard and painful once t; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a 6 month follow up from the last CT request; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a 6 month follow up from the last CT request; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a recurrent problem. The current episode started in the past 7 days. The onset quality is gradual. The problem occurs constantly. The most recent episode lasted 5 days. The problem has been waxing and waning. The pain is located in the LLQ. The ab; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a recurrent problem. The current episode started in the past 7 days. The onset quality is gradual. The problem occurs constantly. The most recent episode lasted 5 days. The problem has been waxing and waning. The pain is located in the LLQ. The ab; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	10 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	14 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	36 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	8 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	11 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is 50 years or older.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	10 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	14 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	36 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	11 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is 50 years or older.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unintentional weight loss; Decreased appetite; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	US PELVIS + TRANSVAG NON OB: 2/6/2020 10:18 AM; IMPRESSION:;1. The uterus is surgically absent. The left ovary is not seen, also;possibly absent.;2. Normal sonographic appearance of the right ovary.;3. Echogenic focus in the region of the distal I; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	US PELVIS + TRANSVAG NON OB: 2/6/2020 10:18 AM; IMPRESSION:;1. The uterus is surgically absent. The left ovary is not seen, also;possibly absent.;2. Normal sonographic appearance of the right ovary.;3. Echogenic focus in the region of the distal I; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Waiting results of UA. Suspected kidney stones.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Waiting results of UA. Suspected kidney stones.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Will fax in clinical info; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Will fax in clinical info; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will fax records; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	WILL FAX RECORDS; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will fax records; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	WILL FAX RECORDS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	X-Ray done back in 12/2019 showed severe constipation, since she has had rectal bleeding and severe episodes of blood.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	X-Ray done back in 12/2019 showed severe constipation, since she has had rectal bleeding and severe episodes of blood.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Patient continues to have Right upper quadrant pain over a long period of time has had a complete workup with US and Pipida Scan that have been unremarkable.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; A lipase abnormality was noted.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	7	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	unknown; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	74185 Magnetic resonance angiography,	This is a request for a MR Angiogram of the abdomen.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	16 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	abn mammogram; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	lift time risk 22% sister diagnosed with breast cancer 22 ovarian cancer at age 32; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient's lifetime risk is 20%, sister diagnosed at 40, Maternal cousin with both breast and ovarian. MRI Biopsy on 9/6/19 shows fibrocystic changes.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	pt 2 first degree relatives mother sister has ovarian cancer.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	thyroid cancer with metastatic disease; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	6 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Abnormal EKG with dizziness and synchopy; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	He has been experiencing some non-exercise-related chest pain that comes and goes hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	shortness of breath during heavy lifting with relief while resting.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for a neurological disorder.; 01/19/2020; There has been treatment or conservative therapy.; Vision loss.; Patient has seen eye doctor. Medication for headaches. (Tylenol).; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	abnormal chest xray and abnormal ECG; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; abnormal chest xray and abnormal ECG; There has not been any treatment or conservative therapy.; cough, weezing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	INTERMITTENT SSCP AND SOB AND FATIGUE CONCERNING FOR; CAD. HAS STRONG FAMILY HISTORY OF CAD AT; EARLY AGE. PT IS SMOKER WITH HTN AND HYPERLIPIDEMIA.;; This study is being ordered for Vascular Disease.; Patient experiencing progressive CP and SOB; There has been treatment or conservative therapy.; Chest pain and SOB; Amilodipine, atorvastatin, losartan potassium, metoprolol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Patient is having SOB, low oxygen stats, etc.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient possible has a Murmur patient has hypertension.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	14 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	25 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	11 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	12 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	20 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	21 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	22 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	chest pain; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	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.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; Pt. has type 2 diabetes, HTN, c/o chest pain, hx. of stroke, former smoker.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient is male.; The patient has not had a recent non-nuclear stress test.; Patient presents to clinic today for episodic chest pain. He reports he has been having chest pain in the evening every few days for about two weeks, that usually last a few minutes. Last night he states he awoke from sleep with chest pain that was worse ; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	11 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Patient has history of smoking greater than 50 pack years.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	SMOKER X 25 YRS 3 X DAY - DIAGNOSED W/EMPHASEMA.PATIENT STATES CUT- BACK TO 1/2 PACK PER DAY; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	62 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	63 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	19 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Unknown; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		unknown; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70336 Magnetic resonance (eg, proton) imaging,	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain;	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is able to have a Brain MRI for evaluation of these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; 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.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; 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.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/11/20; There has been treatment or conservative therapy.; Pt sates that she feels pain that starts at the medical corner of It eye tracks up through her eyebrow, straight back along her temple over her ear, and down to the occipital.; Nsaids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 02/19/20; There has been treatment or conservative therapy.; Migraine, Dizziness, Light Sensitivity, Left Shoulder Pain, TTP, Muscle Tightness noted; Medication Therapy;PT;Alternative Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	3/9/2020 - patient states migraine headache pain.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Auditory hallucinations & Visual hallucinations;;He reports onset approx 1 month ago with seeing and speaking to a person that was not there.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Balance problem,; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	CARELESS MISTAKES,DIFFICULTY SUSTAINING ATTENTION IN TASKS AND COMPLETING TASKS,MEMORY LOSS,MEMORY CHANGES,DEMENTIA SYMPTOMS,PT RAN OFF THE ROAD INTO DITCH WHILE DRIVING.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	chronic h/a with dizziness; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	chronic headaches for yrs , worse recently ;;Has a headaches almost daily , usually more on the right side of head , vision gets blurry , wakes up in the middle of night with severe head pain on the rt. side ,nausea often when headaches worse and usually; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	constant migraines; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Cyst of orbit, dermoid cyst, soft tissue tumor; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; It is not known if the patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Dizziness (fall) and Diarrhea;States dizziness started about 2 months ago and has gotten progressively worse. States she has fallen about 5 times since Monday due to dizziness.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	dizziness, headaches;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-27-2019; There has not been any treatment or conservative therapy.; HEADACHE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >Shortness of breath and chest pain; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	First seizure the member has had. Has memory loss, confusion, and disorientation.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Had recently seen ophthalmology. Had dry eye syndrome, ocular pain, allergy and sinus symptoms, pseudopapilledema of bilateral optic discs. Ophthalmology recommended CT of sinuses, possible allergy testing, thyroid labs. Pt reports significant pressure; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Headache, left side extremity muscle weakness, elevated blood pressure; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	headaches different than migranes getting worse ongoing headache for 4 wks; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	history of rocky mountain spotted fatigue fever; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2019; There has been treatment or conservative therapy.; bilateral upper extremity weakness & numbness, daily chronic headaches, dizziness, vertigo,; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Intracranial swelling; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Jumped out of an airplane over a year ago. Says he had a pain in his head he was told was secondary to adrenaline. Reports he has had the same pain x 6 weeks. States it occur on the top of his scalp on the right and radiates down the back of his head. It ; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	left sided weakness and neuro deficits; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	loss of balance w/ loss; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Medications do not seem to be helping besides the tramadol managing pain. She has a new complaint of recurring headaches that are mainly behind the right eye. She reports that she was driving the other day in the right eye vision became blurry. She rep; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Migraine without improvement, depression, anxiety, tachycardia with mitral valve disease prolapse and regurge.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	nausea , vomiting, pain, photo phobia; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient can't have a MRI due to metal in his head.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient complains of increasing confusion and inability to perform "normal activities"; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is experiencing excessive dizzy spells causing her to black out.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having headaches 2-3 times per week, sometimes lasting up to 2 days per episode. Patient has nausea, vomiting, brain fog and is unable to sleep.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having severe h/a with Nausea and hx of breast cancer.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient went to NEA Hospital complaints of syncopal episode that happened yesterday at home. States she was going to walk out of the door to go to work and "everything just went black and I woke up on the floor." states the floor is tile and denies use of; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with headache to the back of the head x4 days. Not effected by light or noise. Not usual for him. Medications not working. Patient's brother with hx of brain aneurysm.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	PERSISTENT HEADACHE/MIGRAINE (RIGHT SIDED), NAUSEA, SENSITIVE TO LIGHT AND NOISE, RANDOM DIZZINESS.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Problem started as an ear ache since October 2019 and has progressively gotten worse as a head.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	pt complains of feeling bad, tired, dizziness, pressure in head, neck pain swelling in neck back pain; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had MRI of head that was abnormal. Abnormal expansile signal intensity in the frontal sinuses bilaterally. Radiologist recommends CT for further evaluation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	pt has frequent headaches with intermittent fever; This study is 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. 2-3 months; There has not been any treatment or conservative therapy.; pt has frequent headaches with intermittent fever; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	reports dizziness for 2 weeks. Intermittent headache with nausea. States she fell hitting her head on her driveway last October. Takes Topamax and Sumatriptan for migraines. Has Zofran for nausea.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	rule out pr/causes/untreated high blood pressure for awhile/high risk of stroke.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Since the patient was in MVA she has not felt the same. Patient had a concussion and she has had Syncope; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Sudden onset of severe daily headaches X 4-5 months. No improvement with toradol, corticosteroid, imitrex. Also no improvement with escitalopram, labetalol, amitriptyline, and topiramate. Has complaints of increased difficulty concentrating, light sens; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Syncope, recurrent; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for multiple sclerosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 01/06/2020; It is not known if there has been any treatment or conservative therapy.; pressure, pain, continuous.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX RECORDS; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	will fax; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	will upload clinicals; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/11/20; There has been treatment or conservative therapy.; Pt states that she feels pain that starts at the medial corner of It eye tracks up through her eyebrow, straight back along her temple over her ear, and down to the occipital.; Nsaids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic sinusitis, requested per ENT; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Contusion of other part of head, initial encounter; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	facial 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	had assault to the head and dizziness and headaches staying severe;;was assaulted and pain in his right jaw to right neck area just getting worse for last week; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	nasal congestion; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Patient continues to have symptoms related to sinusitis with little to no relief; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had MRI of head that was abnormal. Abnormal expansile signal intensity in the frontal sinuses bilaterally. Radiologist recommends CT for further evaluation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	recurrent sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	The patient presents for follow up of chronic sinusitis. The patient again has symptoms of persistent; sinus congestion and postnasal drainage. She has had ;treatment with antibiotics, nasal sprays, decongestants and antihistamines but she does still hav; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 01/06/2020; It is not known if there has been any treatment or conservative therapy.; pressure, pain, continuous.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck;	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	ct soft tissue neck w contrast dx is supraclavicular mass symptoms lasting 1 month. concern for malignancy. ct chest w contrast symptoms greater than 3 months. chest xray 2 view completed. pt has a chronic cough ruling out lung cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/22/2020; There has not been any treatment or conservative therapy.; swelling numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	smooth, round,; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/22/2020; There has not been any treatment or conservative therapy.; swelling numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Annual visit for general adult medical examination with abnormal findings ;;Cerebrovascular accident (CVA), unspecified mechanism (HCC) ;;Hemiplegia of left nondominant side as late effect of cerebral infarction, unspecified hemiplegia type (HCC) ;; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Annual visit for general adult medical examination with abnormal findings ;;Cerebrovascular accident (CVA), unspecified mechanism (HCC) ;;Hemiplegia of left nondominant side as late effect of cerebral infarction, unspecified hemiplegia type (HCC) ;; This is a STROKE FOLLOW UP.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Headache - not responding to nsuids or pain meds or neurologics or rest. rec MRI brain and face. Patient was seen in NW ER for right otitis externa on 1/10/2020 and facial pain-right-sided and abdominal pain on 1/16/2020. Patient continue facial pain and ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	to further evaluate in order to provide treatment; This study is being ordered for a neurological disorder.; unknown longer than 12 weeks; There has been treatment or conservative therapy.; Cervical and lumbar pain;NUmbness in bilateral legs and left hip;Numbness in left hand ;Seizures; Topiramate;Cyclobenzabrine;Heat and Ice for neck pain and back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. > Patient is having vision changes and blacking out; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Headache and insomnia; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient is unable to be evaluated by Physical therapy at this time due to positive findings on exam of vertebral artery insufficiency.; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Possible TIA with concern with posterior circular involvement.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient is unable to be evaluated by Physical therapy at this time due to positive findings on exam of vertebral artery insufficiency.; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	7	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is 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 - Jan, 30, 2020.; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - given home exercises and stretches to perform. Also prescribed muscle relaxers to take with anti-inflammatories for relief. ;;Pt has also applied heat alt with cold packs for relief, gets most relief with; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	54 year old male here today reports he has been having headaches that last all day long for approx 2-3 months.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Altered level of consciousness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	chronic daily headaches no relief with treatment. also causing blurred vision; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Cognitive issues with memory specifically, diminished hearing and visual issues as noted above.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; It is unknown if this study is being ordered as a 12 month annual follow up.; This is a routine follow up.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	h/o PE, daily headaches upon awakening, persistent daily, associated dizziness. No h/o migraines. .; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	has had memory loss after altercation in March of 2019; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Headache - not responding to nsuids or pain meds or neurologics or rest. rec MRI brain and face. Patient was seen in NW ER for right otitis externa on 1/10/2020 and facial pain-right-sided and abdominal pain on 1/16/2020. Patient continue facial pain and ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	HEADACHES AND NUMBNESS WITH NO RESPONSE TO TREATMENT; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Kalinda Hampton presents to clinic after recent ER visit for near syncopal episodes/dizziness/headache. She reports that she has never had these symptoms with her migraines in the past.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	loss of balance wt loss.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	member has been having headache on and off for the last 2 months; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for a neurological disorder.; 1/27/2020; There has not been any treatment or conservative therapy.; Numbness to left face, arm and leg. Vertigo, tingling, chest pain, tremors.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for trauma or injury.; 12/11/2019; There has been treatment or conservative therapy.; Brain - severe headaches, pain, memory loss, agitation. Lumbar - pinched nerve, pain, weakness and numbness.; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	New onset headache with memory loss, vision disturbances.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	new onset headaches, involuntary facial movement; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	One sided recurring headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient c/o decreased concentrating ability, memory loss, forgetting words as well as insomnia.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	dizziness, fatigue, nausea, headaches since cholecystectomy on Jan. 20,2020, She has had 3 recent doctor appts, and 2 er trips due to 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 had persistent fever, night sweats, dizziness, fatigue, nausea, headaches since cholecystectomy on Jan. 20,2020, She has had 3 recent doctor appts, and 2 er trips due to this.; There has been treatment or conservative therapy.; Patient had persistent fever, night sweats, dizziness, fatigue, nausea, headaches since cholecystectomy on Jan. 20,2020, She has had 3 recent doctor appts, and 2 er trips due to this.; She has been treated with Iv fluids,zofran,toradol,antibiotics first trip to er, first dr apt with prednisone,2nd dr apt with fiorcet, 2nd er visit Keflex, Phenergan, iv fluids and Zofran. 3rd dr visit treated with meclizine. She has had cbc,cmp,ebv pane; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a history of concussions trying to rule out tumor Patient also has blurred vision server pain behind head and eyes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient has double vision with strenuous activity, but has had it while at rest while driving. Ophthalmology exam 2 years ago was negative.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient having trouble forming thoughts and with speech, history of atrial fibrillation , TAG score greater , than 3, difficulty gripping; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient hit by car, headache and nausea; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having recurring migraines that are not getting better and are worsening; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	pain. His memory loss is getting very bad and cognitive thinking is getting worse he has numbness down arms and both legs from injuries from football years ago and Dr Thompson needs further evaluation with MRI's w; This study is being ordered for trauma or injury.; Patient has football injuries as a young adult now having problems with memory loss and nerve impingement in the back and cervical area. Dr. thompson would like to further evaluate to see what is causing the numbness and memory loss.; There has been treatment or conservative therapy.; He is having memory loss and loss of cognitive thinking and having numbness in arms and down both legs also. Dr. Thompson would like to have him evaluated with MRI's to see if there is nerve impingements or other diagnosis that are not seen on plain film; Yes have tried enasids at home muscle relaxers. Patient has tried home exercise and conservative physical therapy at home and it is only getting worse.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient is having worsening new daily headaches since 2015 from traumatic head injury. Patient has recently had grand mal seizure. he is having new symptoms such as memory difficulties, taste disorder and vision changes. Patient scored a 3 on his mini-cog; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	Patient is suffering with chronic migraines with dizziness and visual disturbance; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient presented to clinic with headache, dizziness and blurred vision. Patient has tried Over the Counter meds with no relief, also has been on migraine medications with no relief.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient says she loses her vision with headaches sometimes. She get relief by laying down.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	Patient wakes up daily with severe headache and dizziness.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Persistent Headache/migraine (right sided), nausea, sensitive to light and noise, random dizziness.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had daily headache since his injury which was in December.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	see if she has nero issue and check on her intents; This study is being ordered for Inflammatory/ Infectious Disease.; 09/20/2019; There has been treatment or conservative therapy.; Headaches , abd pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	still with some numbness and paralysis of his lips and below his eye. ;.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	the dr is trying to find out the cause of the trimmers; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	trauma to the head as child, and a recent head trauma. Headaches are constant; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	trigeminal neuralgia left side of face; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 02/11/2020; There has been treatment or conservative therapy.; lower extremity weakness ,decrease appetite ,abdominal pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	will fax.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/06/2009; It is not known if there has been any treatment or conservative therapy.; Weight loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal chest X-ray and Mediastinal abnormalities; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal chest xray and abnormal ECG; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; abnormal chest xray and abnormal ECG; There has not been any treatment or conservative therapy.; cough, wheezing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CHRONIC COUGH, PNEUMONIA; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Coin lesion with chest xray 2/11/2020; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	ct soft tissue neck w contrast dx is supraclavicular mass symptoms lasting 1 month. concern for malignancy. ct chest w contrast symptoms greater than 3 months. chest xray 2 view completed. pt has a chronic cough ruling out lung cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Dyspnea, chronic, neg or nondiagnostic xray;Shortness of breath;Lung cancer screen, asymptomatic, current smoker (min. 30 pack-yrs); A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	edema.; This study is being 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.; weight loss.; recently in hospital; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is 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.; Weight loss of 10 pounds within 5 weeks, nausea, vomiting, tenderness with bloating; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/22/2020; There has not been any treatment or conservative therapy.; swelling numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; Difficulty breathing, abdominal fullness, getting full quickly, decreased air, tender to touch in pubic area, distended abdomen, history of smoking; Inhalers, steroids, specialists visits; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	large cavitory lesion in right upper lobe, filled w/heterogeneous soft tissue, density mass which contains some air lucencies. concerning for fungus ball or mycetoma. thick-walled cavitory lesion in left upper lobe with areas of bronchiectasis seen within; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Lung nodule seen on imaging study; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Mass of left lung; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	no; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had an abnormal chest x-ray on 03/03/2020.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had a fever for 2 weeks; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having severe, sharp chest pain with tightness. She is having shortness of breath.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient seen on 1/6/20 and 1/13/20 for nodule on right side of neck/jaw line. Examination: quarter size nodule to right submandibular area. Tender to touch. Pain with neck extension and lateral flexion. Ultrasound recommends CT Neck and Chest to rule out ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o left anterior lower chest mass and tenderness that started 1 week ago. Pt states mass is increasing in size.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had a CTA Chest done on 4-30-2019 for history of aneurysm. Cardiologist had ordered the test for comparison to test done 5/2017. ; Dr. Smith spoke personally with Radiologist who read the Xray report done on 1-27-20. Radiologist beleives the area; 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Right Axilla with large lipoma, left axicilla with large limp node.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Solitary pulmonary nodule seen on CXR.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	to rule out mass she has copd and isn't getting better; This study is being ordered for Inflammatory/ Infectious Disease.; 02/02/2020; There has been treatment or conservative therapy.; cough up the blood; Antibiotic, steroids, inhalers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; LEFT ABDOMINAL PAIN AND LOWER LEFT CHEST PAIN; HAS DONE PHYSICAL THERAPY WITH LITTLE TO NO IMPROVEMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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.; 01/22/2020; There has not been any treatment or conservative therapy.; swelling numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Weight loss, unintended, non-localized abd pain, SOB and elevated labs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Shortness of breath AND Weight loss, unintended, non-localized abd pain; There has not been any treatment or conservative therapy.; Weight loss, unintended, non-localized abd pain AND shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	will fax it in; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	will fax it in; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	will fax records; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	wt loss lymphadenopathy swelling of lymph nodes urinary frequency pain in hips sob; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	A CT from 2017 had picked up a nodule in RLL that recommended monitoring. Requesting a follow up CT to check on this.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	to rule out mass she has copd and isn't getting better; This study is being ordered for Inflammatory/ Infectious Disease.; 02/02/2020; There has been treatment or conservative therapy.; cough up the blood; Antibiotic, steroids, inhalers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	Radiology Services Denied Not Medically Necessary	This is a request for a chest MRI.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine;	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Abn xray, C-spine, DJD;Radiculopathy; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 03/03/2020; There has not been any treatment or conservative therapy.; weakness of upper and lower extremities and pain on back; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain for over a month. The patients neck hurts with certain head movements, increased headaches, limited range of motion; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pressure in lower back with abscess(knot) tender to touch, severe pain, had this for a week before seeing Dr.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	will fax; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	will upload clinicals; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine;	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 03/03/2020; There has not been any treatment or conservative therapy.; weakness of upper and lower extremities and pain on back; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pain in thoracic spine;M54.6: Pain in thoracic spine;CT, THORACIC SPINE, W/O CONTRAST;Allergic to Iodine?: NAppointment Date: 02/26/2020;Diabetes?: NHeight (ft.): 5'11";Over 55, or history of Kidney Disease?: NPossibility of Pregnancy?: N;Prior C; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast	Radiology Services Denied Not Medically Necessary	will fax; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-27-2019; There has not been any treatment or conservative therapy.; HEADACHE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 03/03/2020; There has not been any treatment or conservative therapy.; weakness of upper and lower extremities and pain on back; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; Ketorolac; 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	will fax; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 is having bilateral shoulder pain and weakness.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; right scapula pain and reflex	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LIMITED ROM TO NECK WITH MUSCLE TIGHTNESS NOTED; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LIMITED ROM TO NECK, TTP, MUSCLE TIGHTNESS NOTED; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; tingling and numbness in hands having hard time gripping things; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unable to grip things; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and tingling in arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS TO THE UPPER EXTREMITIES FROM CHRONIC NECK PAIN; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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.; there was no change in symptoms have home excercise program; naprosyn, gabapentin, prednisone	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; HOME TREATMENT WAS 6 WEEKS AND THERE WAS NO CHANGE IN SYMPTOMS BASED ON THE FOLLOW UP EXAM AFTER COMPLETING THE HOME EXERCISE	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain getting worse numbness in arms and hands getting worse; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness of left arm;G83.24: Monoplegia of upper limb affecting left nondominant side;MRI, CERVICAL SPINE, W/O CONTRAST; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patients symptoms are worsened by: Movement, stretching area and bearing weight; Associated symptoms: decreased range of motion, numbness, stiffness, swelling and tingling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; home exercises, gabapentin.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/27/2020; There has been treatment or conservative therapy.; Mid and Low back pain.; Medication (Analgesics) - Physical Therapy - Home Exercise.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/21/2019; There has been treatment or conservative therapy.; weakness, neck pain, low back pain cervicalgia, Radiculopathy, hx of cervical spine surgery, lumbago w/ sciatica; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - Jan, 30, 2020.; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - given home exercises and stretches to perform. Also prescribed muscle relaxers to take with anti-inflammatories for relief. ;;Pt has also applied heat alt with cold packs for relief, gets most relief with; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	42-year-old male who sustained a motor vehicle accident back in 12/31/2017. Since that time he has been dealing with neck pain and upper back pain with radiculopathy. Patient notes that there is numbness and tingling in his hands and pain that shoots down; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	2015 MRI showed spurring with neuroforaminal stenosis; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; Unable to turn head to assess peripheral areas. Severe pain when turning head to right or left	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Accident 2019 - having neck and shoulder pain. Wants MRI. ;Has done PT in the past; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	C-spine fx, known;Spoke with Ms Whitley, she said she is having neck pain, popping and cracking, also headaches and numbing sensation. Would like set up at CHI with her other test if gets authorized; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical disc protrusion with buldge, pain and paresthesia; 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.; decreased range of motion with tenderness	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical spine shows severe degenerative disc disease with loss of disc faces noted grade 2 anterior listhesis at c3 and 4 with osteosclerosis no acute fractures; 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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical Spondylosis; 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	chronic neck pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness and tingling down rt arm and rt foot; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	DEGENERATIVE CHANGES IN CERVICAL SPINE ON XRAY. RAD SUGGESTS MRI FOR FURTHER EVAL; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Decrease and restraint in the upper extremity and Pt has numbness in her arms and hands	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findingsmuscle weekness in lower back and legs as well; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings she has weakness in her arm and fingers. Patient is a hair dresser and cannot work; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NUMBNESS / WEAKESS - BOTH HANDSEVALUATE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; parasthia upper & lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient complaint; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has pain radiating down left arm . Weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right arm weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; 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.	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 12/3/2019; There has been treatment or conservative therapy.; pain affecting daily activities; medications, physical therapy, home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/11/2020; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/31/2018; It is not known if there has been any treatment or conservative therapy.; Pain muscle spasms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/05/2019; There has been treatment or conservative therapy.; Chronic pain, musculoskeletal pain, sharp muscle spasms, tenderness.; Home exercise and medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Failed epidural injections and physical therapy. Symptoms are severe; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Mr Walker has been coming to our office since early 2012 with neck, back and bilateral shoulder and arm pain. He has failed epidural injections and physician directed physical therapy. Multiple attempts have been made to get MRI but insurance won't allow.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Grace A Crabtree is a 56 y.o. female . She complains of chronic neck and lower back pain for years. She says she had PT over a couple of years ago, with no improvement for over a couple of days. The neck hurts at most levels; she has an occipital headac; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	has a disc bulge at c5 and c6, symptoms of radiation pain down left arm to fingers tips; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 6 weeks, stretches,	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	History of Rotator cuff injury, Pain; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Numbness, Decreased range of Motion, Burning and numbness sensation.; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Jimmy D Tillery, a 76 y.o. male presents with a Chief Complaint of Neck Pain (right sided neck pain-previous neck surgery w/ plates); Shoulder Pain (right shoulder pain-previous replacement); Dizziness; and Tingling (right sided neck/facial numbess; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Left Arm pain, Left Neck pain, Headache,- she describes it as sharp that goes from left side down the back and down the shoulder. This has been going on for 4 months. Pt notes that remote h/o neck fracture in 1982. Pt notes that in the middle of the night ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Left shoulder pain as well as neck pain and weakness in her shoulder.fatigue.;pt will get mri as she has had chiro for over a year and no relief; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MBR is unable to lift arm due to pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left arm weakness , tingling and numbness 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.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	member is having neck pain which traveling up to her head which is causing headaches to get worse; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in upper extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This is a request for cervical 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 NECK ROM, CERVICAL MUSCLE TIGHTNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has pain and weakness to bilateral hand and wrist tingling hands and fingers burning pain worsen when using hands . Worse at night difficulty sleeping mild tenderness trouble sleeping; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain, constant, associated numbness on both hands, headache, muscle spasm and pain radiating to her shoulder blades. Physical therapy is not working on her neck. On her pain, had applied ice and heat. The pain interfere with sleep despite pain rx. sh; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck: trachea midline and pain with motion (rotation to the right and sidebending to the right, no problems with flexion or extension, positive Spurling's, hypertonic musculature including trapezius, tenderness in the splenus muscle).;dizziness.;This is; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	NEEDS NEUROLOGY REFFERAL AND CAN NOT BE SEEN WITHOUT PRIOR MRIs DONE; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; reffered him to UAMS neurosurgery and they did not see him because they want MRI of his spine before seeing him. pateint has pain and neurological sx's suggesting involvement on different spinal levels and they are: ;1)right hand pain 3th and 4th finger; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neurologic: Gait and Station: normal gait and balance. Cranial Nerves: 2 - 12 intact. Sensation: abnormal and monofilament test abnormal and vibratory sensation intact; B hands fingers dec. sensation. Reflexes: DTRs 2+ bilaterally in biceps, triceps, pate; 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;Reported by patient.;Trauma: no;Neurological Complaints: numbness of the arms; weakness of the arms;Pain: burning; radiates to bilateral;Pain Duration: 4 years;He has DDD in his neck c/o insomnia worse x 3 mo and neck pain radiating to sho; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	no improvement with PT; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; limited ROM of the left shoulder.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	no; This is a request for cervical spine MRI; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; No improvement	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 5 months ago; There has been treatment or conservative therapy.; numbness and tingling in both arms, right elbow and bilateral shoulder pain; steroid injections and pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/13/2019; It is not known if there has been any treatment or conservative therapy.; neck and back pain, tingling in BUE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Numbness of three fingers.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness radiating down arm and weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PAIN IS GETTING WORSE; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	Pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient complains of cervicalgia. Location is posterior and at the site of occipital insertion. Radiates to the shoulders. Pain is characterized as sharp and throbbing. Associated symptoms include headache, neck stiffness and bilateral upper extremity; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>PATIENT FELL ABOUT A MONTH AND A HALF AGO AND BECAME UNCONSCIOUS AND HAS HAD NECK PAIN EVER SINCE.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been having finger/hand pain and headaches for 6 months. She had an EMG/Nerve Conduction study done recently and the Neurologist that did the study thinks she may have a pinched nerve in her Neck and recommended a Cervical MRI to evaluate. Sh; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has bilateral numbness in hands. has tried chiropractic care and zanaflex.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has chronic neck pain to the point of tears, numbness no history of trauma patient has been seeing Chiropractor patient has been taking nsaid no relief this has been going on for over 12 weeks; 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.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has completed 2 physical therapy sessions and has worsening symptoms, has numbness in arms and they feel cold, gets a tingling sensation in upper arms. neck pain is central and all over.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; has trouble gripping things d/t numbness and tingling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS FAILED NSAIDS AND ALTERNATIVE CONSERVATIVE THERAPY. SYMPTOMS HAVE NOT IMPROVED AND ARM WEAKNESS HAS INCREASED.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS NUMBNESS AND TINGLING IN HER L. ARM SHE HAS WEAKNESS WHEN GRIPPING OR TRYING TO LIFT ITEMS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS FIBROMYALGIA.;PATIENT HAS TRIED TRAMADOL, CODEINE, AND A COMBO MED WITH CAFFEINE WITH NO RELIEF;;PATIENT HAD AN ABNORMAL X-RAY THAT SHOWS MILD DEGENERATIVE DISC DISEASE AT C4-C5 AND C5-C6; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had throat cancer and Dr. Garrett is worried about metastasis spreading to the bone.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in right arm.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has headache.; This study is being ordered for trauma or injury.; 02/14/2020; There has been treatment or conservative therapy.; Lower back pain. Tenderness. Pain with motion.; Physical Therapy. Muscle Relaxers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has radiating pain going down arms. Swelling around the neck, tender to the touch, patient did six weeks of therapy with no improvement and they suspect a fracture.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient cannot turn head more than 20 degrees.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having extreme pain, Xray were done showing fractures need further testing.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/17/2020; There has not been any treatment or conservative therapy.; severe back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING NECK PAIN WITH SHOOTING PAIN FROM NECK DOWN BOTH ARMS; 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 NECK PAIN WITH RADIATING PAIN DOWN BOTH ARMS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient is having pain extending down into both arms numbness and tingling with headaches not resolving.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Patient has tried otc meds and physical therapy has not helped with muscle relaxers either. Needs further eval with MRI</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>pain. His memory loss is getting very bad and cognitive thinking is getting worse he has numbness down arms and both legs from injuries from football years ago and Dr Thompson needs further evaluation with MRI's w; This study is being ordered for trauma or injury.; Patient has football injuries as a young adult now having problems with memory loss and nerve impingement in the back and cervical area. Dr. thompson would like to further evaluate to see what is causing the numbness and memory loss.; There has been treatment or conservative therapy.; He is having memory loss and loss of cognitive thinking and having numbness in arms and down both legs also. Dr. Thompson would like to have him evaluated with MRI's to see if there is nerve impingements or other diagnosis that are not seen on plain film; Yes have tried ensaids at home muscle relaxers. Patient has tried home exercise and conservative physical therapy at home and it is only getting worse.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient presents to clinic with recurrent neck pain with right radiculopathy. Symptoms has not improved with rest, steroids or nsaid.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient presents to clinic with severe neck pain radiating to bilateral arms with weakness.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient presents to clinic with severe neck pain radiating to bilateral arms with 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.</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient states pain has spanned 10 years and steps of care include xrays, mris and back injections with no improvement. Dr. would like current MRI to assess the situation and look for any changes.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was involved in MVA on 12/02/2019. She is having neck pain. She was the driver and had on seatbelt. Patient hit tree. Abnormal x-ray with disc narrowing at c4-5.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient was seen in er on 1/27/20, ct was performed that was negative, no trauma, patient is having sudden on set of headache, cer patient that it raditating to ritght extremity, pain with left lateral roation, weakness in the rib.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Possible injections or referral to neurosurgeon.; This study is being ordered for trauma or injury.; August of 2019-fell flat on her tail bone on to the toilet. She missed the bottom step on step ladder. Pt fell again in September and fell face first and floor. Pt states that walking seems to irritate it . Pt say feels like she has charlie horse in left ; There has been treatment or conservative therapy.; muscle aches (myalgia), joint pain, stiffness, and back pain; right thigh and hip radiating pain. tenderness; no synovitis or swelling;tenderness to right side of spine with palpation.; OTC Advil, chiropractic care, and inversion table.;Physician advised:Continue chiropractic care as needed.Advised against using an inversion table. Encouraged walking on flat surfaces and not inclines. Encouraged getting appropriate footwear to help aide; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	POSITIVE L NERVE IMPINGEMENT POSITIVE SPURLING SIGN; 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.; WEAKNESS IN LEFT SHOULDERNECK PAIN	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	progressively worsening symptoms of pain with tingling and numbness to extremities; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt ahs numbness and tingling in fingers of bilateral hands. Pain is causing Pt to be unable to sleep. NO relief with 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.; There is weakness.; pt is dropping things; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt came in on 12.12.2020 for office visit with neck pain. headache and dizzy. pt came back in on 01.16.2020 with a big toe swollen and oozing. cant feel his feet. does have toe infection. pt has toe infection, type 2 diabetes mellitus with diabetic neurop; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt has completed physical therapy without relief of her pain. we have tried meds, therapy and all the conservative treatments we can offer. pt needs to see neurosurgery for proper treatment and they will not see pt without mri being done. we are delaying ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Documentpt has completed physical therapy without relief of her pain. we have tried meds, therapy and all the conservative treatments we can offer. pt needs to see neurosurgery for proper treatment and they will not see pt without mri being done. we are d; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt has ongoing neck pain for several months; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; pt began 11/19/19 with home exercise;as of 02/25/20 pt sill has neck pain; cycloenzaprine 10 mg;fenofibrate 160 mg	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has pain down from neck to L shoulder arm to finger tips;Numbness tingling since September/October Has pain in his shoulder blade Given steroids, did some light duty work;Did a few week of PT for upper body, neck and shoulders;Didn't improve;Pain; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt having increasing pain to neck. Abnormal imaging results on cervical spine xray and nerve conduction study results. Pt is having weakness,pain,numbness and tingling to both upper extremities,along with increasing neck pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and numbness to both upper extremities,getting worse; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt having upper extremity numbness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt is requesting a 2nd opinion mri of cervical spine at different facility. pt had mri cervical spine on 12-17-19 at baxter regional medical center. No improvement of syptoms, neck still appears swollen, carotid doppler negative. Still having pain in head; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT STILL HAVING BACK / NECK PAIN; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow up office visits.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT, Chiropractic with no improvement, nsids, and muscle relaxer no improvemnt; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness down right arm ,; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	R Neck pain with radiating into R arm x months;Seen by chiropractor and has tried OTC meds, stretching and massage. Continues to have pain in R neck with radiation in to R hand. "sometimes if just feels different.";Occasional perceived weakness. Mild ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	R shoulder pain for last month. Some days can't raise R arm up w/o assistance of L arm. Pt states that tingling discomfort starts in R side of neck and radiates down into R arm and hand. Pt states that he plays guitar, and he can't feel the sensation of ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right Shoulder: ; - INSPECTION: no swelling or redness; - RANGE OF MOTION: limited range of motion secondary to pain; - STRENGTH: diminished secondary to pain; - PALPATION: tenderness on subdeltoid bursa;;Cervical Spine/Neck;; - RANGE OF MOTION OF; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Severe neck pain,getting worse. Bilateral numbness,tingling to both upper extremities; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Severe neck pain,bilateral numbness and tingling to both upper extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>She presents with neck pain and numbness. ;Ms. GRAY presents with cervicalgia. The location of discomfort is posterior. It radiates to the intrascapular area, subscapular region, shoulders, and arms. Initial onset was 6 weeks ago.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She presents with neck pain and numbness. Ms. GRAY presents with cervicalgia. The location of discomfort is posterior. It radiates to the intrascapular area, subscapular region, shoulders, and arms. Initial onset was 6 weeks 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.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>The carvedilol was started in the hospital after she went in for chest pain that resulted in a fairly negative workup. Her next complaint is acute on chronic neck pain. She reports the pain will radiate down the left shoulder. She reports the pain come; This is a request for cervical 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 carvedilol was started in the hospital after she went in for chest pain that resulted in a fairly negative workup. Her next complaint is acute on chronic neck pain. She reports the pain will radiate down the left shoulder. She reports the pain come; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; no change, 6 weeks; baclofen 10 mg	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unable to lift arm or things, unable to grip things; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; 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.; OXICODONE	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 02/11/2020; There has been treatment or conservative therapy.; lower extremity weakness ,decrease appetite ,abdominal pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07-10-2017; There has been treatment or conservative therapy.; chronic lower pain; PT, meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 01/07/2020; There has been treatment or conservative therapy.; Pain in neck and shoulder on left side, low back pain, severe low back pain.; Steroids, muscle relaxers, and anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of grip to left hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Vital signs as noted above. Patient appears to be in mild to moderate pain. Cranial nerves 2-12 intact though touch feels less sensitive to cotton swab on the forehead, nose, and upper lip; Neck exam: tenderness over lower cervical spine and nuchal area, ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	will fax; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	XR nondiagnostic; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Cervical pain with painful ROM and radiation into R arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Norco 7.5-.325	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neurological;Sensation Sensory exam abnormalities were noted. Tactile dysesthesia hyperesthesia was noted.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/27/2020; There has been treatment or conservative therapy.; Mid and Low back pain.; Medication (Analgesics) - Physical Therapy - Home Exercise.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2/18/2020; There has been treatment or conservative therapy.; upper and lower back pain numbness down arms and legs; meds physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	42-year-old male who sustained a motor vehicle accident back in 12/31/2017. Since that time he has been dealing with neck pain and upper back pain with radiculopathy. Patient notes that there is numbness and tingling in his hands and pain that shoots down; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Arm sling placed on right shoulder in office; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; NAPROXEN;METHOCARBAMOL	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; back stretches for 8 weeks; oral and Tylenol ibeprofheun heat packs muscle relaxer</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation unable to do home excercises due to pain. Been treated with pain medications.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 11/07/2019; There has been treatment or conservative therapy.; thoracic and lumbar pain, sciatica left side; oral pain meds. muscle relaxers , PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-10-2020; There has been treatment or conservative therapy.; pain, numbness in both legs, tenderness across lumbar region.; home physical therapy, muscle relaxers, anti-inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/31/2018; It is not known if there has been any treatment or conservative therapy.; Pain muscle spasms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/05/2019; There has been treatment or conservative therapy.; Chronic pain, musculoskeletal pain, sharp muscle spasms, tenderness.; Home exercise and medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material Radiology Services Denied Not Medically Necessary	<p>for a few years. She states that her pain comes and goes and typically is felt while walking. The patient states that the pain seems to worsen during cold and rainy weather, when lying flat on back, while bending; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-21-2019; There has been treatment or conservative therapy.; lower back pain and mid back pain. The patient states that the onset of pain was gradual with no known reason. It does not radiate. She states the pain is aching, sharp and throbbing.; Professional caregivers seen in the past include emergency physician, family physician, chiropractor, physical therapist, psychiatrist and ob/gyn. Prior Tests Performed: x-rays and mri Pain Medicines: otc medicines (tylenol, acetaminophen), ultram/tramado; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist,</p>	1 2020 Jan-Mar 2020
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1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	<p>T10 but given ongoing length of time will get MRI to further eval this. He was worried about kidneys but given hx and exam I feel confident MS in nature but MRI to confirm. Refer to PT and will try robaxin as ot; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Lumbar excercises;Low back pain Excercises;Outcome-Getting worse;Duration-12 weeks; Steroids-Prednisone;Toradol</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Mid pain in back that out and into the neck, stiff neck, numbness, tingly, sleep disturbance. ;Patient had an x-ray hat shows degenerative disease in spine. Pain was so severe she went to the ER and the ER doctor recommended sha have a MRI completed.; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Motor: Weakness (right hand grip 3/5) present;Musculoskeletal: Normal range of motion. ; General: Tenderness present.;NECK: Very tender posterior neck and rt upper thorax with increasing pain on extension ;Neurological: Positive for numbness and; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	NEEDS NEUROLOGY REFFERAL AND CAN NOT BE SEEN WITHOUT PRIOR MRIs DONE; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; reffered him to UAMS neurosurgery and they did not see him because they want MRI of his spine before seeing him. pateint has pain and neurological sx's suggesting involvement on different spinal levels and they are: ;1)right hand pain 3th and 4th finger; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/13/2019; It is not known if there has been any treatment or conservative therapy.; neck and back pain, tingling in BUE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	patient complains of pain that starts 3 inches below bra strap and radiates up. Per provider area is tender to touch with radiating pain up spine.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had an x-ray that shows degenerative disease in spine. Pain was so severe she went to the ER and the ER doctor recommended she have a MRI completed.; This study is being ordered for a neurological disorder.; 01/30/2020.; There has been treatment or conservative therapy.; Mid pain back that irradiates out and into the neck, stiff neck, numbness, tingly, sleep disruption .; Physical therapy, pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been seen multiple times for this issue. Patient received Physical therapy in the past, but not within the past 6 weeks. This is an ongoing condition that even after conservative treatment prescribed by the physician has not improved but for; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	patient has chronic back pain to the point of tears, numbness no history of trauma patient has been seeing Chiropractor patient has been taking nsaid no relief this has been going on for over 12 weeks; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has headache.; This study is being ordered for trauma or injury.; 02/14/2020; There has been treatment or conservative therapy.; Lower back pain. Tenderness. Pain with motion.; Physical Therapy. Muscle Relaxers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Possible injections or referral to neurosurgeon.; This study is being ordered for trauma or injury.; August of 2019-fell flat on her tail bone on to the toilet. She missed the bottom step on step ladder. Pt fell again in September and fell face first and floor. Pt states that walking seems to irritate it . Pt say feels like she has charlie horse in left ; There has been treatment or conservative therapy.; muscle aches (myalgia), joint pain, stiffness, and back pain; right thigh and hip radiating pain. tenderness; no synovitis or swelling;tenderness to right side of spine with palpation.; OTC Advil, chiropractic care, and inversion table.;Physician advised:Continue chiropractic care as needed.Advised against using an inversion table. Encouraged walking on flat surfaces and not inclines. Encouraged getting appropriate footwear to help aide; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt. had an x-ray showing slight scoliosis/apophysitis-middle 3rd thoracic spine.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	She has been experiencing thoracic back pain for several years but has had an acute exacerbation over the last 3 months. She states the pain limits her ability to be able to lift things and use her arms. It is located between her shoulder blades and doe; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 02/11/2020; There has been treatment or conservative therapy.; lower extremity weakness ,decrease appetite ,abdominal pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/08/2020; There has been treatment or conservative therapy.; Back Pain; She had an X-ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; back pain aggravated with movement, range of motion full but with pain, tingling/numbness intermittent to left 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Back Pain possible bulging disc; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam tenderness (Thoracic and Lumbar sacral spine pain upon exam); Multiple joint pain diffuse throughout body. Extremities: no cyanosis, edema, varicosities, or palpable cord.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient exhibits decreased range of motion, tenderness, pain, weakness, and spasm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient reporting having lower back pain with moderate bilateral sided sciatica. Physical therapy worsening pain.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right sided weakness and paresthesia in right lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.; Low back pain is getting worse. Pt describes pain as numbness extending to the lateral aspect of the foot to the 5th toe	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; baclofen 20 mg 1 tablet p. o . every 8 hours	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; SOLU MEDROL 40 MG FOR INJECTION;METHYLPREDNISOLONE FOR INJ	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; saddle anesthesia with painful radiation into bilateral lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; tenderness (lumbar tenderness, positive straight leg test on left diminished patellar reflexes diminished strength bilaterally);;Pt also states that her left leg is giving out on her. Pt was seen in pain clinic but they wouldn't give her a injection unt; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; HPI;here with worsening of his back pain.;Had a lumbar MRI in 10/2013 showing some DDD and facet arthritis;Pain is much worse since MVA 12/17/19 with an uninsured guy who hit him. He was driving his wife's car and T boned the side of the car that ran t; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; home exercises, gabapentin,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/21/2019; There has been treatment or conservative therapy.; weakness, neck pain, low back pain cervicalgia, Radiculopathy, hx of cervical spine surgery, lumbago w/ sciatica; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; Back Pain; Failed meds, pain management.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; date of onset for CT abdomen/pelvis is 2-3 months;;Onset of Lumbar MRI pain is greater than 3 months; There has been treatment or conservative therapy.; CT abdomen/pelvis: nausea, unintentional/unexplained weight loss;;MRI l spine: radiating pain, weakness of limbs; MRI patient has been tx with chiropractic services 2-3x weekly for the last 3 months, has done PT in the last year for same problem; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2/18/2020; There has been treatment or conservative therapy.; upper and lower back pain numbness down arms and legs; meds physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	. With regard to the low back pain, reason for visit: Pain. The discomfort is most prominent in the lower lumbar spine. The pain does not radiate. This is a chronic, but intermittent problem with an acute exacerbation. He states that the current episo; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	2 week history of low back pain, midline tenderness L3-5, decreased sensation R leg L5 dermatome.;patient reports low back pain with radiculopathy down right leg to shin that comes in sharp surges. She states it has been painful for 2 weeks, but she snee; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	2 week history of low back pain, midline tenderness, L3-L5, decreased sensation L3 dermatome R LE, states she works at the nursing home and hurt her back lifting on a resident.;Pt is on Prednisone; 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.; 2 week history of low back pain, midline tenderness, L3-L5, decreased sensation L3 dermatome R LE	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Acute low back pain w/ pain referred to rt leg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	acute on chronic thoracic back pain and low back pain. She has been experiencing thoracic back pain for several years but has had an acute exacerbation over the last 3 months. She states the pain limits her ability to be able to lift things and use her ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Assessment / Plan;1. Lumbar radiculopathy;M54.16: Radiculopathy, lumbar region;MRI, LUMBAR SPINE, W/O CONTRAST;tramadol 50 mg tablet - TAKE 1 or 2 TABLETS BY MOUTH TWICE DAILY only for pain not relieved by tylenol or ibuprofen Qty: 12 tablet(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.; Assessment / Plan;1. Lumbar radiculopathy;M54.16: Radiculopathy, lumbar region;MRI, LUMBAR SPINE, W/O CONTRAST;tramadol 50 mg tablet - TAKE 1 or 2 TABLETS BY MOUTH TWICE DAILY only for pain not relieved by tylenol or ibuprofen Qty: 12 tablet(s) ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back Pain seen in ED for back strain on 2/29; was advised to have MRI;Low back pain for 2 week(s), positional with bending or lifting, with radiation down the left buttock. Precipitating factors: recent heavy lifting. Prior history of back problems: recu; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	back pain, Guttate psoriasis, Lumbar disc disease with radiculopathy, Intervertebral disc disorders with radiculopathy, lumbar region; History of lumbar laminectomy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back Pain; The study 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	back surgery 2016 for bulging disc; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back: Pain with palpation and gentle attempts at ROM of the lumbar spine. Pain radiates to bilateral hips and thighs.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Back: Pain with palpation and gentle attempts at ROM of the lumbar spine. Pain radiates to bilateral hips and thighs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic back pain. Has had imaging in past. Lumbar spinal stenosis apparently. Desires neurosurgery referral and repeat imaging.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic low back pain daily. Back pain worse at the end of the day.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic low back pain. Mild degenerative disc changes at L2-3 and 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 not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic pain with numbness and tingling.; This study is being ordered for trauma or injury.; 01/20/2020; There has been treatment or conservative therapy.; chronic right hip pain that radiates down leg. Numbness and tingling arthralgias.;chronic low back pain with numbness and tingling, arthralgias and scoliosis deformity; Describe treatment / patient has had medications and xrays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Clinical Bypass requested; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Description of pain: sharp, soreness or localized;Positional with bending or lifting, with radiation down the bilateral legs.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	e66.9 obesity; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Numbness, radicular pain, Neuropathy	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LEFT LEG WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LEG WEEKNESS RIGHT SIDE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Limited range of motion, sever pain in lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; tingling and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and numbness in right leg and difficulty walking.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness/numbness in lower extremity/greater than 6 weeks/no improvement of medication/injection/muscles relaxer and 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Steroids,	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation; List meds here	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; List meds here	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; For 10 weeks, not successful	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left side shoulder, for arm and hand has intermittent weakness, Gradual onset and has been going on for 3 weeks or more; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness gait dysfunction. weakness radiates from feet to knees. abnormal strength in both legs 4-6; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 11/07/2019; There has been treatment or conservative therapy.; thoracic and lumbar pain, sciatica left side; oral pain meds. muscle relaxers , PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 12/3/2019; There has been treatment or conservative therapy.; pain affecting daily activities; medications, physical therapy, home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/11/2020; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-10-2020; There has been treatment or conservative therapy.; pain, numbness in both legs, tenderness across lumbar region,; home physical therapy, muscle relaxers, anti-inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/31/2018; It is not known if there has been any treatment or conservative therapy.; Pain muscle spasms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; unknow; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	FOUND ON PREVIOUS IMAGING PATIENT IS FOUND TO HAVE A DISC BULGE SHE IS HAVING RIGHT SIDED SCIATICA WITH 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.; FOUND ON PREVIOUS IMAGING PATIENT IS FOUND TO HAVE A DISC BULGE SHE IS HAVING RIGHT SIDED SCIATICA WITH WORSENING BACK PAIN; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	gait abnormal favoring right side pt has pain with ambulation lumbrosacral pain with radiculopathy bilateral worse on right; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt is having weakness during walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	has PT for 6 weeks and the pain is getting worse, has radiation pain in both hips and numbness in her 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Hasn't been able to tolerate celebrex. She has tried OTC tylenol and motrin since early December. Tylenol doesn't relieve pain and motrin upsets stomach. Symptoms worsening with B hip/thigh radiation and now with c/o instability and sensations of giving w; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	HAVING TO GO TO PAIN SPECIALIST PREVIOUS BACK SUR; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	for a few years. She states that her pain comes and goes and typically is felt while walking. The patient states that the pain seems to worsen during cold and rainy weather, when lying flat on back, while bending; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-21-2019; There has been treatment or conservative therapy.; lower back pain and mid back pain. The patient states that the onset of pain was gradual with no known reason. It does not radiate. She states the pain is aching, sharp and throbbing.; Professional caregivers seen in the past include emergency physician, family physician, chiropractor, physical therapist, psychiatrist and ob/gyn. Prior Tests Performed: x-rays and mri Pain Medicines: otc medicines (tylenol, acetaminophen), ultram/tramado; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist,	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Her current pain has bothered her for 3 weeks. She has pain off to the R and below mid back. She has a knot in her back. Pain goes into her RLE. Once in a while when her back starts hurting she has some numbness above her R knee & R ankle.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	here today wth low back pain as he went to physical therapy and was only able to do one session and was on his back for a week. He has had pain increasing since that time. He has tried otc meds nd steroids with no relief.;back pain with decreased rom. ha; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	history of rocky mountain spotted fatigue fever; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2019; There has been treatment or conservative therapy.; bilateral upper extremity weakness & numbness, daily chronic headaches, dizziness, vertigo,; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Hx of 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.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	I will order an MRI of the L spine due to continued severe back pain with signs of neuropathy/sciatica. I would like to rule out disc/spinal disease. Patient agrees to notify me if symptoms worsen, symptoms persist or patient has a side effect to any medi; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; I will order an MRI of the L spine due to continued severe back pain with signs of neuropathy/sciatica. I would like to rule out disc/spinal disease. Patient agrees to notify me if symptoms worsen, symptoms persist or patient has a side effect to any medi; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	In physical therapy currently; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	initial onset is 11/7/2019 lower extremity edema and pain, treated with medication, has had ultrasounds EMG bilateral extremities showed entrapment myelopathy; The study requested 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 numbness in bilateral legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Is here for follow up and to discuss lower back pain which has been more severe for the past several months. Reviewed past lumbar MRI with degenerative changes, neural foraminal narrowing and stenosis. She feels that the pain is worse since past M; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; HYDROCODONE;MELOXICAM;ZANAFLEX	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Jessica L Smith, a 39 y.o. female presents with a Chief Complaint of Back Pain (low back pain did have surgery year ago Dr. Arthur and she has been getting injections last injection 3 months ago these have not helped states was cleaning house and bent ov; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	limited range of motion and weakness; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lower back pain started after fall 4 days ago; hurts down left leg; nothing relieves; has tired heat, ice, NSAIDs, stretching CURRENT; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar back: He exhibits decreased range of motion (+ straight letg raise. Difficulty with all fields of ROM, extesion, flexion, internal rotation adduction and abduction. Sciatica down R side of leg through to knee), tenderness, swelling, pain and spasm.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MD is trying to locate cause of pain. Currently waiting on inflammatory labs to come back.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for malaise/fatigue.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	member diagnosis w. Parkinson's disease, back surgery lower back pain w. radiation down legs. Hard to walk, stand.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. CHAVEZ presents with low back pain. Reason for visit: Pain. The discomfort is most prominent in the lumbar spine. This radiates to the right foot.;Associated symptoms include radicular leg pain and weakness of the legs. He denies chills, fever ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Mr. CHAVEZ presents with low back pain. Reason for visit: Pain. The discomfort is most prominent in the lumbar spine. This radiates to the right foot.;Associated symptoms include radicular leg pain and weakness of the legs. He denies chills, fever ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Fisher is a 56 year old white male with complains of back pain rated as 10/10. Denies any other complaints at this time. last MRI was 2017 with a herniation at L3-L4. Dr. Shakles at st.vincent's did last surgery. Pt presents today with lumbago and scia; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Starr presents with sacrococcygeal disorders, not elsewhere classified. Reason for visit: Pain. The discomfort is most prominent in the sacroiliac area. This radiates to the left and right buttock and left foot. He characterizes it as dull. The p; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mri needed to further treat patient correctly.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Ms. Kopp presents to clinic today with complaint of persistent low back and upper buttocks pain bilaterally for the past 3 months. She is taking a lot of ibuprofen at times. She states it does not seem to help at all. She is tried muscle relaxers. She rep; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Musculoskeletal: Positive for back pain and gait problem. Lumbar xray - L5-6 abnormality; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MVA with significant pain; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Generalized; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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.; 11/21/2018; There has been treatment or conservative therapy.; Low back pain with radiculopathy on left and right side. Severe left shoulder pain.; PT, steroid packs, meds, over the counter Tylenol, Ibuprofen and Aleve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for trauma or injury.; 12/11/2019; There has been treatment or conservative therapy.; Brain - severe headaches, pain, memory loss, agitation. Lumbar - pinched nerve, pain, weakness and numbness.; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	NEEDS NEUROLOGY REFFERAL AND CAN NOT BE SEEN WITHOUT PRIOR MRIs DONE; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; reffered him to UAMS neurosurgery and they did not see him because they want MRI of his spine before seeing him. pateint has pain and neurological sx's suggesting involvement on different spinal levels and they are: ;1)right hand pain 3th and 4th finger; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	NEUROLOGIC: cranial nerves II-XII grossly intact; sensation: hypoesthesia in right C6 distribution;MUSCULOSKELETAL: gait: slowed, stooped, and Pain with palpation of low lumbar spine; range of motion: decreased ROM in the neck; decreased ROM in the back;; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NEUROLOGICAL: Positive for paresthesia (right upper extremity), weakness (generalized; bilateral lower extremity), States has pain and numbness down both legs worse in right leg and History of spinal abscess.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Neurologic: Gait and Station: normal gait and balance. Cranial Nerves: 2 - 12 intact. Sensation: abnormal and monofilament test abnormal and vibratory sensation intact; B hands fingers dec. sensation. Reflexes: DTRs 2+ bilaterally in biceps, triceps, pate; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neck Pain;Reported by patient.;Trauma: no;Neurological Complaints: numbness of the arms; weakness of the arms;Pain: burning; radiates to bilateral;Pain Duration: 4 years;He has DDD in his neck c/o insomnia worse x 3 mo and neck pain radiating to sho; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	new patient, old records not present yet. ongoing worsening low back pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	no; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; in limbs lower bilateral; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bi-Lateral Extremity Weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in both legs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/13/2019; It is not known if there has been any treatment or conservative therapy.; neck and back pain, tingling in BUE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	numbness in the lower extremity; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; she also has reflex abnormality as well; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	On going back in patient's back for the last 3 months. Patient has tried OTC medications with no relief.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>On January 10 she was shopping at Walmart and was hit by worker stocking boxes. Majority of impact hit her upper and lower back as well as back of neck. upper back and neck have been tender and she has pain with neck rotation. No pain with flexion. Raisi; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Tramadol 50MG ever 6 hrs as needed, Lidocaine patch every 24 hours</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>OrdersPresumptive Urine Drug Test (80305) -- 02/12/2020 ;UDT, High Risk (13 drug classes plus Heroin, PCP, Propoxphene, Ecstasy (MDA, MDEA, MDMA), Ketamine, Bath Salts (G0482) -- 02/12/2020 ;Medicationsoxycodone 5 mg oral capsule ;SIG: take 1 capsule; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain radiates to the leg, known genetic disk disease, LRO, Spasms in lumbar spine, Rotation pain, Tenderness lumbar spine; This study is being ordered for a neurological disorder.; 01/01/2017; There has been treatment or conservative therapy.; Burning pain in lower leg, weakness, tingling; Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain radiating down both legs, worse when sitting, standing or walking for too long; The study requested 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 weakness and reflexes; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain worsening and wake up the pt during the night, not able to sit for a long period of time without causing 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.; unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	Pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient complaints of RLE pain, numbness with "dragging of right leg" patient with numbness in RLE from knee to foot. patient has history of previous lumbar back 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.; patient with numbness in RLE from knee to foot. patient has history of previous lumbar back surgery.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient fell off a trailer that was holding a truck and landed on his wrist. He also twisted his back at that time. States he has a compression fracture of the lumbar region. Patient did have a CAT scan done and MRI was recommended. I do not have that rec; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had a fall 8 weeks ago. Pain is persistent despite Home Exercise and pain 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.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had ER follow up visit on 01/08/20 for low back pain that radiates down his right leg. He is complaining of tingling and numbness in his right foot. He has been on muscle relaxers,steroids and tramadol, but his pain is still a 7/10 currently. Pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAD XRAY OF BACK THAT SUGGESTED GETTING A MRI FOR FURTHER EVAL OF SYMPTOMS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has back pain greater than 6 weeks and failed physical therapy. He does report having a numb feeling over an area he points to area overlying the greater trochanter of the right leg.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient experiencing back pain, stiffness, numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has completed physical therapy and conservative therapy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	mild levoscoliosis as evidenced by X-ray performed in our office. Over the past 3+ months, the patient's pain has progressively gotten worse and has started causing radicular symptoms in her lower extremities w; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient has had chronic back pain related to mild levoscoliosis as evidenced by X-ray performed in our office. Over the past 3+ months, the patient's pain	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had physical therapy, and treatment with pain medications and muscle relaxers and her pain continues to worsen.; This study is 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 began in February of 2019 after having a fall, her right hip pain began in May 2019; There has been treatment or conservative therapy.; The patient complains of lower back pain that is worsening and right hip pain that is also worsening; Patient has had treatment with muscle relaxers, pain medication and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS SEEN PREVIOUS DOCTOR FOR EPISODES OF PAIN. SYMPTOMS HAVE BEEN CONTINUING FOR OVER 3 YEARS. NO PRECIPITATING EVENT OR INJURY NOTED. PATIENT STATES SYMPTOMS OF STIFFNESS THAT IS PERSISTENT, INABILITY TO STAND, SIT, BEND OVER OR EVEN LIE DOWN F; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient has sharp pain in her back that shoots down into her left leg, knee and calf. Patient has fallen twice and is starting to have radiating pain. Patient has tried OTC meds along with heat with no relief.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has pain in her lower back that radiates down into her left leg, calf and her left knee. She fell about 4 weeks ago but thought she was ok. Radiating pain is new and concerning. Patient has a sharp pain and effects her walking, sitting and stan; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>patient has tried otc nsoids, physician guided stretches/ physical therapy, and prescription pain medication. patient has failed all of these treatment options and seen no improvement. patient initial evaluated for pain on 1/22/20. pt re-evaluated 2/10/20; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has loss of range of motion. she is unable to bend over or changes position quickly with out severe pain. patient unable to lift anything over 2lbs.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAVING BACK PAIN WITH NUMBNESS AND TINGLING DOWN LEFT LEG; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAVING PAIN FOR CLOSE TO A YEAR WITH NO RELIEF - SHE HAS SEEN A PAIN DR BUT IS NOT GETTING RELIEF. MEDICATION IS NOT HELPING.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PAIN HAS GOTTEN NO BETTER AFTER DOING HOME TREATMENT FOR 3 MONTHS. SHE HAS TRIED SEVERAL MEDICATIONS WITH NO RELIEF	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient hurt her back trying to pick up her grandson and she has increased 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.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is being treated for Chronic lower back pain. In order to continue pain management we need an imaging 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.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is being treated for Chronic pain, in order to continue to treat patient for pain this imaging study is required. Patient has a mark progression of 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient is brought in by Mom with complaints of chronic back pain and chest pain. Patient states she has had back pain for years. Reports the pain is intermittent and is in her lower back mostly but the pain can radiate up her back. She reports she seen 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 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.</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient is having pain and numbness radiating to left leg. He states that the leg will just give out at times.;He is Positive for arthralgias, back pain and gait problems. He is Positive for numbness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>pain. His memory loss is getting very bad and cognitive thinking is getting worse he has numbness down arms and both legs from injuries from football years ago and Dr Thompson needs further evaluation with MRI's w; This study is being ordered for trauma or injury.; Patient has football injuries as a young adult now having problems with memory loss and nerve impingement in the back and cervical area. Dr. thompson would like to further evaluate to see what is causing the numbness and memory loss.; There has been treatment or conservative therapy.; He is having memory loss and loss of cognitive thinking and having numbness in arms and down both legs also. Dr. Thompson would like to have him evaluated with MRI's to see if there is nerve impingements or other diagnosis that are not seen on plain film; Yes have tried ensaids at home muscle relaxers. Patient has tried home excercise and conservative physical therapy at home and it is only getting worse.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient is here with complaints of left hip and low back pain that has been going on for the past 2 months with no relief from stretching at home and see the chiropractor.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient states pain has spanned 10 years and steps of care include xrays, mris and back injections with no improvement. Dr. would like current MRI to assess the situation and look for any changes.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient with severe back pain and radiculopathy into both lower extremities. Unable to fully stand upright or extend legs fully. She had previous lumbar surgery 15+ years ago. Symptoms are progressive and Xray results show severe lumbar disc degenerati; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is unable to fully extend legs bilaterally, Xray results show severe lumbar disc degeneration. Patient had previous lumbar surgery 15+ years ago.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Physical Exam;Patient is a 56-year-old male.;Complaining of tenderness with palpation in the entire lumbar region on the left in the upper and mid lumbar on the right in the lower lumbar.;Blood pressure is a little elevated today at 132/90: heart r; 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.; HPI;here with worsening of his back pain. Pain is much worse since MVA 12/17/19 with a another car. Patient was driving his wife's car and " T boned" the side of the car that ran thru the intersection.;To review Michael's long history of back problems p; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Physician did an x-ray.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Possible injections or referral to neurosurgeon.; This study is being ordered for trauma or injury.; August of 2019-fell flat on her tail bone on to the toilet. She missed the bottom step on step ladder. Pt fell again in September and fell face first and floor. Pt states that walking seems to irritate it . Pt say feels like she has charlie horse in left ; There has been treatment or conservative therapy.; muscle aches (myalgia), joint pain, stiffness, and back pain; right thigh and hip radiating pain. tenderness; no synovitis or swelling;tenderness to right side of spine with palpation.; OTC Advil, chiropractic care, and inversion table.;Physician advised:Continue chiropractic care as needed.Advised against using an inversion table. Encouraged walking on flat surfaces and not inclines. Encouraged getting appropriate footwear to help aide; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	positive for head ache; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Previous exams showed perillumbar tenderness, painful ROM of L spine, gait and station antalgic.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Meloxicam Tablet;Gabapentin Capsule ;Baclofen Tablet</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Pt has had 4 wks of PT without much improvement in back pain; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had multiple back surgeries since 2009 . Pain and weakness that goes down left side . Standing from a sitting position is very difficult; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has tried PT; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; L Leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT IN CLINIC TODAY C/O LEG WEAKNESS X 5 WEEKS. ALSO C/O PAIN, NUMBNESS, AND WEAKNESS TO BILATERAL LOWER EXTREMITIES. CANNOT TAKE NSAIDS D/T GASTRIC SURGERY HISTORY. HAS TRIED CHIROPRACTIC WITH NO RELIEF.; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LOW BACK PAIN;BILATERAL LEG WEAKNESS, PAIN, AND PARASTHESIAS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt is using crutches to walk; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; he tried to stand up but cant; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt states she fell in the bathtub 12 years ago, and her back hit the faucet. She was never seen by a doctor, but now having severe pain in lower back. She has had 1 xray since that time which was several years ago and told she had degenerating disc's. Pt ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; worse with standing, worse with exercise, worse with lying down, and midline.;bilateral leg weakness and numbness/tingling bilateral leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt w/ hx of back pain and new onset left leg sciatica, severe. Pt w/ left side/left leg weakness, difficulty walking. Pt also presents w/ left knee pain. Hx of left ACL tear, meniscus tear.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT WAS SCHEDULED TO HAVE MRI IN APRIL 2019, BUT IT WAS NEVER DONE DUE TO PT LOSING HER INSURANCE.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Complains of chronic low back pain radiating down right leg. States low back pain is worsening and has been to the ER on several occasions.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pts previous MRI was done in 2015, he is needing a new MRI due to switching to a new pain management clinic; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pts herniated disc and degenerative disc causes upper and lower extremity weakness due to pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	radiculopathy; The study 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.; Increased	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Review of Systems ;Constitutional: Positive for fatigue. Negative for fever. ;Respiratory: Negative for shortness of breath. ;Cardiovascular: Negative for chest pain. ;Musculoskeletal: Positive for arthralgias, back pain and neck pain. Negative for n; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Review of Systems ;Constitutional: Positive for fatigue. Negative for fever. ;Respiratory: Negative for shortness of breath. ;Cardiovascular: Negative for chest pain. ;Musculoskeletal: Positive for arthralgias, back pain and neck pain. Negative for n; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Right L4-5 radiculopathy with failed conservative treatment. arthralgias/joint pain and back pain; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Right leg pain radiating from the hip to the foot; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right posterior lateral hip and radiates down into groin and the lateral aspect right leg, right above ankle. When he is weight bearing, the pain is sharp. Denies trauma;great deal of difficulty walking;symptoms have been present for 2 weeks; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Sciatica and degeneration of lumbar or lumbosacral intervertebral disc.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	scoliosis shown on lumbar spine x-ray, worsening back pain and recent fall; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	see attached; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; positive straight leg raise;failed chiropractic care and OTC meds including Tylenol, Ibuprofen and Generic meds	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	see clinicals; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Sensation is decreased of the lateral left leg & dorsum of foot. ; Last month her left leg & foot started going numb.; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	she has a h/o low back pain. has been through imaging and PT. was told to lose weight. has constant pain. she has not had an MRI. pain shoots down back of her left leg to her foot. she feels her left leg is weaker than right leg. no bowel or bladder change; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She is needing an MRI for her social security. They told her in order to process her disability she needs an MRI of her back as that is why she is disabled.; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain over joints and ankles and over lumbar spine. Weakness in lower extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Some saddle anesthesia; The study 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.; weakness and numbness from waist(lumbar spine) down	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	States her left hip is worse than right hip and the pain is going down her left leg. States because she shifts her weight while walking to decrease pain her knee has started bothering her. She would like to have an xray to make sure the left knee is okay.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/11/2020; There has been treatment or conservative therapy.; Hips showed abnormalities. Tenderness on palpation of the hips. Both hips were tender on palpation. Pain was elicited by hip motion. Tenderness observed with ambulation of the hips favors left side.;Motion Abnormal Crepitus on motion noted; Medication, Orthopedic, and Xrays done; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	sudden onset, shooting pain goes through the thigh hip while walking. Causing difficulty sleeping in any possession. Antalgic gate, Pain on rotation of the hip.; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has chronic back pain and diagnoses of central canal stenosis and foraminal narrowing. The patient requires an updated MRI in order to be evaluated by a neurosurgeon.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has completed physical therapy but there has been no relief of pain. She has resting neck syndrome.; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The Pt has MRi showing stenosis., DD; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has weakness in bilateral legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This is due to a injury 3 weeks ago. Pain is getting worst and has not gotten 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 and numbness to right foot and also to the bottom of the right foot.Pain radiates down both legs to the foot; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	to further evaluate in order to provide treatment; This study is being ordered for a neurological disorder.; unknown longer than 12 weeks; There has been treatment or conservative therapy.; Cervical and lumbar pain;NUmbness in bilateral legs and left hip;Numbness in left hand ;Seizures; Topiramate;Cyclobenzabrine;Heat and Ice for neck pain and back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	to rule out disc bulging or protrusion that may require surgery.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lower extremity weakness, 3 over 5 motor strength; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient is still in pain after doing stretches at home.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; 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.; There has not been a recurrence of symptoms following surgery.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Leg numbness and could not walk felt paralyzed; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has weakness in left leg and 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Home exercising for the last 6 weeks	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 02/11/2020; There has been treatment or conservative therapy.; lower extremity weakness ,decrease appetite ,abdominal pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 10/10/2019; There has been treatment or conservative therapy.; chronic pain; nsaid , muscle relaxers , physical therapy , home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/08/2020; There has been treatment or conservative therapy.; Back Pain; She had an X-ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07-10-2017; There has been treatment or conservative therapy.; chronic lower pain; PT, meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 01/07/2020; There has been treatment or conservative therapy.; Pain in neck and shoulder on left side, low back pain, severe low back pain.; Steroids, muscle relaxers, and anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	UNKOWN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS IN LOWER EXTREMITIES; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	weakness on right extremity, pain, abnormal xray; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Document exam findings>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Weakness on the left, numbness to the legs and feet, limited range of motion. Abnormal deep tendon reflexes.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; one sided weakness and abnormal deep tendon reflexes. 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	will attach clinicals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; positive for weakness, polyneuropathy. He ambulates with walker assistance and has had recent frequent falls due to loss of feeling and strength in both lower extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Will check CK, ANA, CRP for autoimmune disease. Lumbar MRI to look for spinal stenosis causing leg weakness and numbness.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Axial spine is straight with normal lumbar and cervical curves. Normal range of motion in all joints and no significant joint deformities. No muscular deformities or masses. Cranial nerves 2-12 intact. Deep tendon reflexes are present and symmetrical.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax clinicals.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	will fax records; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more than once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Xray shows thoracolumbar scoliosis with decreased intervertebral disc space.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	years of medication management; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 03/03/2020; There has not been any treatment or conservative therapy.; weakness of upper and lower extremities and pain on back; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	fear pelvic thrombosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/13/2020; There has not been any treatment or conservative therapy.; swelling in lower leg; history of bbt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	new papable hernia; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has only had a chest x ray 1/30/2020; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 02/04/2020; There has been treatment or conservative therapy.; Left hipp pain, and history of total hi[pp replacement, presence of artificial hip joint and left angina pain.; A walking Kane; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; few days ago; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain in tailbone. denies any recent injury. Has fallen on tailbone multiple x in the past.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain radiates to the leg, known genetic disk disease, LRO, Spasms in lumbar spine, Rotation pain, Tenderness lumbar spine; This study is being ordered for a neurological disorder.; 01/01/2017; There has been treatment or conservative therapy.; Burning pain in lower leg, weakness, tingling; Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient is a 76 y.o. Caucasian female presenting with left flank pain ;Patient is a 76 y.o. Caucasian female with a past history of hypertension, hyperlipidemia, renal stones and gerd presented to emergency room with left flank pain acute onset, moderate; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >tightening in arm; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/10/2019; There has been treatment or conservative therapy.; ; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	Mass on both arms; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 02/19/20; There has been treatment or conservative therapy.; Migraine, Dizziness, Light Sensitivity, Left Shoulder Pain, TTP, Muscle Tightness noted; Medication Therapy;PT;Alternative Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/10/2019; There has been treatment or conservative therapy.; ; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Diagnosed with Cervical fractures and underwent a Cervical fusion with Dr. Arthur (Neurosurgeon).; 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 2/5/2020; There has been treatment or conservative therapy.; pain/swallowing/range of motion/decrease of motion; PT-4 weeks- steroids/muscles relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Having right shoulder pain. States fell 2 months ago and landed on the shoulder. Not as painful as initially injured but now gets a "catch" in it when raising or lower his arm and will "click or pop". Has used ice and heat, Ice Hot, with no improvement.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Here today with complaints of right shoulder pain. The patient fell about a month ago. He caught his arm on a ladder. Has been treated with anti-inflammatories, tramadol, ice, and rest. He has had no improvement. His range of motion lifting arm later; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Here with persistent left shoulder pain The meds have not worked and not getting better with time; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; prednisone 10 mg tablet;etodolac 500 mg tablet; The patient received medication other than joint injections(s) or oral analgesics.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	History of Rotator cuff injury, Pain; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Numbness, Decreased range of Motion, Burning and numbness sensation.; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	hx of clavicle fracture, trauma, rotator cuff injury.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	immediate pain, inability to use arm directly after injury. Symptoms have been unchanged since that time.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Jimmy D Tillery, a 76 y.o. male presents with a Chief Complaint of Neck Pain (right sided neck pain-previous neck surgery w/ plates); Shoulder Pain (right shoulder pain-previous replacement); Dizziness; and Tingling (right sided neck/facial numbess.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Left shoulder due to Widening of acromioclavicular joint measuring 11.1 mm which may present a subtle grade 2 acromiohumeral separation.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Maria Arzola, a 54 y.o. female presents with a Chief Complaint of Fall; Shoulder Pain; and Knee Pain; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	member cannot raise shoulder or pick up anything; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home range motions for over year, tried PT last year in May. Anti-inflammatories, injection, steroid shots. pain shots; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MVA 8/19/19;Seen in ED for acute neck, back pain, - limited range of motion and pain in shoulder since - diclofenac/baclofen helps some, but still having radiating pain down to fingers;XR unremarkable;MRI requested for further evaluation; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	N/A; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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.; 11/21/2018; There has been treatment or conservative therapy.; Low back pain with radiculopathy on left and right side. Severe left shoulder pain.; PT, steroid packs, meds, over the counter Tylenol, Ibuprofen and Aleve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Nontraumatic tear of right rotator cuff, unspecified tear extent; The requested study is a Shoulder MRI; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Numbness and tingling in shoulder decreased range of motion onset of 2 weeks; The requested study is a Shoulder MRI; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pain for last 6 months with decreased range of motion and tingling down right arm.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient presents pain in left shoulder from injury 2 years ago. Shoulder popping and numbness in fingers.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient started having left shoulder pain that started 3months ago from a fall. Shoulder is aching burning and tearing feeling. Patient has been on diclofenac and NSAIDS with no relief. Unable to raise arm.; 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.; 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.; Dicofenac twice a day and Skelaxin; The patient received medication other than joint injections(s) or oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient stated that his left shoulder has been popping when he moves it and its difficult to lay on and if does lay on it while he sleeps it wakes him up. He remembers at work that it popped when he pulled on something and ever since then it has hurt. His; The requested study is a Shoulder MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient with RT shoulder pain following fall injury. Patient unable to lift RT arm up. Xray normal.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Per physical therapist that patient saw once, they recommended she have an MRI.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow up office visits.; Patient uses a muscle relaxer on a PRN basis.; The patient received medication other than joint injections(s) or oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Positive for back pain and neck pain; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Rotator Cuff: Exercises;Introduction;Here are some examples of exercises for you to try. The exercises may be suggested for a condition or for rehabilitation. Start each exercise slowly. Ease off the exercises if you start to have pain.;You will be tol; The patient received oral analgesics.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PROVIDER HAS TREATED WITH ANTI-INFLAMMATORIES AND IS SETTING PATIENT UP FOR 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.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	right shoulder pain which seems to be getting worse, the joint has started to pop and crack with certain types of motion, and the pain is getting worse with certain positions that the shoulder is in. Of note is that the shoulder will often swell and feel ; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	SHE FELL AND LANDED WITH FULL WEIGHT ON RIGHT SHOULDER, X-RAY WAS NEGATIVE. EXAM CONSISTENT WITH ROTATOR CUFF 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.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Heat/Ice alternation; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; It is not known what type of medication the patient received.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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.; ; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	x-ray showed degenerative changes; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	x-ray shows low grade AC separation; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73225 Magnetic resonance angiography,	Radiology Services Denied Not Medically Necessary	; This is a request for an upper extremity MR Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has known osteoporosis and osteopenia of multiple sites.; This study is being ordered for Inflammatory/ Infectious Disease.; 01/01/2019; There has been treatment or conservative therapy.; tingling/numbness, painful joints, and weakness.; NSAIDS, gabapentin, osteoporosis of lumbar spine wand left hip.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Pt complains of severe pain to the left knee. he has had recent falls and states that he feels like his knee is giving away on him.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 02/04/2020; There has been treatment or conservative therapy.; Left hipp pain, and history of total hi[pp replacement, presence of artificial hip joint and left angina pain.; A walking Kane; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	; This is a request for an Ankle MRI; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Surgery is NOT being planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >none; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	Looking for tendon injury after films show no bony abnormalities.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	n.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 01/29/2020; There has been treatment or conservative therapy.; pain and swelling; medications, Home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	PAIN IN RIGHT ANKLE WITH SWELLING OFF AND ON FOR 6 MONTHS, PT TAKES GABAPENTIN 3 TIMES A DAY. HAS ALSO TRIED STEROIDS WO RELIEF. XRAY WAS NEGATIVE.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	Patient fell down some stairs 2 days ago injuring right ankle. She is unable to bear weight on her right leg. She is having pain in the posterior area of right 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.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	Persistent right ankle pain and swelling. Tender right medial malleolus. Swollen right ankle. 1 month duration.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	PT C/O ANKLE PAIN X 2 WEEKS FOLLOWING A RECENT FALL.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	PT HAD ONLY ONE XRAY WHICH WAS DONE 01/14/2020;; PT HAVING PAIN IN HER LEFT FOOT, A SPACE HEATER FELL ON IT. DR. IS LOOKING FOR A FRACTURE. NO FX SEEN ON XRAY, HAS A CONTUSION; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	Pt w/ hx of back pain and new onset left leg sciatica, severe. Pt w/ left side/left leg weakness, difficulty walking. Pt also presents w/ left knee pain. Hx of left ACL tear, meniscus tear.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	States her left hip is worse than right hip and the pain is going down her left leg. States because she shifts her weight while walking to decrease pain her knee has started bothering her. She would like to have an xray to make sure the left knee is okay.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/11/2020; There has been treatment or conservative therapy.; Hips showed abnormalities. Tenderness on palpation of the hips. Both hips were tender on palpation. Pain was elicited by hip motion. Tenderness observed with ambulation of the hips favors left side.;Motion Abnormal Crepitus on motion noted; Medication, Orthopedic, and Xrays done; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This 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.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 10/10/2019; There has been treatment or conservative therapy.; chronic pain; nsaid , muscle relaxers , physical therapy , home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/15/2017; There has been treatment or conservative therapy.; worsening radiating pain; PT, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	will fax records; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower	Radiology Services Denied Not Medically Necessary	; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	chronic pain with numbness and tingling.; This study is being ordered for trauma or injury.; 01/20/2020; There has been treatment or conservative therapy.; chronic right hip pain that radiates down leg. Numbness and tingling arthralgias.;chronic low back pain with numbness and tingling, arthralgias and scoliosis deformity; Describe treatment / patient has had medications and xrays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	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 Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; few days ago; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	muscle aches, arthralgias/joint pain, worsening pain left hip. Aggravating Factors: walking; lifting; carrying; twisting; bending/squatting; pushing/pulling; difficulty doing house work; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	pain in hip since 11-14-2019 after a slip and fall in ice. Now c/o that she is unable to pull her leg up towards her abdomen at night, unable to straighten her leg when sitting on stool, seems like her hip locks on her.Pain described as a twinge and annoy; This is a requests for a hip 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.; Tendon or ligament injury is not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had physical therapy, and treatment with pain medications and muscle relaxers and her pain continues to worsen.; This study is 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 began in February of 2019 after having a fall, her right hip pain began in May 2019; There has been treatment or conservative therapy.; The patient complains of lower back pain that is worsening and right hip pain that is also worsening; Patient has had treatment with muscle relaxers, pain medication and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	ABD Pain x 3 Months, MEDS have not worked .; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal distension (gaseous); This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Dr. Bowman has requested to have CT of Abdomen with contrast to evaluate for elevated liver Alkaline Phosphatase. Patient has had elevation of his alkaline phosphatase last couple lab draws. Lab values:02/22/19-119,07/22/19-138,10/21/2019-165, 02/03/2020-; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; It is not known if this patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	EPIGASTRIC MASS W/PAIN AND TENDERNESS; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Don't know; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	pain and medication does not help; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with abnormal lab results, HX Type II Dm with peripheral circulatory disorder and anemia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	right upper quad pain, severe..nausea and vomiting; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	see if she has nero issue and check on her intents; This study is being ordered for Inflammatory/ Infectious Disease.; 09/20/2019; There has been treatment or conservative therapy.; Headaches , abd pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	splenic artery aneurism; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Suspected abdominal hernia; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	THIS PT IS HAVING CHRONIC CONSTIPATION AND LUQ PAIN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/06/2009; It is not known if there has been any treatment or conservative therapy.; Weight loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; date of onset for CT abdomen/pelvis is 2-3 months;;Onset of Lumbar MRI pain is greater than 3 months; There has been treatment or conservative therapy.; CT abdomen/pelvis: nausea, unintentional/unexplained weight loss;;MRI l spine: radiating pain, weakness of limbs; MRI patient has been tx with chiropractice services 2-3x weekly for the last 3 months, has done PT in the last year for same problem; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ABDOMINAL MASS / SEVERE ABDOMINAL PAIN; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ABDOMINAL MASS / 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 performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain (epigastric) and abdominal bloating; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain (epigastric) and abdominal bloating; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	BILATERAL BREAST PAIN AND TENDERNESS/GYNECOMASTIA, ELEVATED LFT'S, INCREASED ECHOGENICITY OF LIVER, DENSE LIVER WITH POSSIBLE HEPATIC LESION, HEPATIC STEATOSIS, ELEVATED HORMONE LEVELS; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	BILATERAL BREAST PAIN AND TENDERNESS/GYNECOMASTIA, ELEVATED LFT'S, INCREASED ECHOGENICITY OF LIVER, DENSE LIVER WITH POSSIBLE HEPATIC LESION, HEPATIC STEATOSIS, ELEVATED HORMONE LEVELS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	edema.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknwn; There has been treatment or conservative therapy.; weight loss.; recently in hospital; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; Difficulty breathing, abdominal fullness, getting full quickly, decreased air, tender to touch in pubic area, distended abdomen, history of smoking; Inhalers, steroids, specialists visits; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fa xclinical; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fa xclinical; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation of patient with c/o dark urine and intermittent flank pain. Elevated creatinine found on lab results. Concern for renal stone or possible cause of renal insufficiency.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation of patient with c/o dark urine and intermittent flank pain. Elevated creatinine found on lab results. Concern for renal stone or possible cause of renal insufficiency.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation of patient with complaint of persistent weight loss of 45 lbs, change in bowel habits and decreased appetite.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation of patient with complaint of persistent weight loss of 45 lbs, change in bowel habits and decreased appetite.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	faxing addtl clinicals after call; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	faxing addtl clinicals after call; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Faxing addtl clinicals; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Faxing addtl clinicals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	fear pelvic thrombosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/13/2020; There has not been any treatment or conservative therapy.; swelling in lower leg; history of bbt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Generalized abdominal pain noted. This is located primarily in the left lower quadrant. It does not radiate. It began 2 weeks ago. The onset of pain occurred with no apparent trigger. She estimates that the frequency of pain is several times daily. ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Generalized abdominal pain noted. This is located primarily in the left lower quadrant. It does not radiate. It began 2 weeks ago. The onset of pain occurred with no apparent trigger. She estimates that the frequency of pain is several times daily. ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	history of diverticulitis, nausea, abdominal pain.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	history of diverticulitis, nausea, abdominal pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	History of recurrent UTI's; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	History of recurrent UTI's; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Labs show elevated lipase levels, she continues to c/o abdominal pain, bloating and diarrhea. Abdominal pain is in the center of upper abdomen and radiates into back. Denies fever, but states pain at times will "double her over"; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Labs show elevated lipase levels, she continues to c/o abdominal pain, bloating and diarrhea. Abdominal pain is in the center of upper abdomen and radiates into back. Denies fever, but states pain at times will "double her over"; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	LEFT FLANK/LOWER BACK PAIN GOING INTO ABDOMEN AREA, DYSURIA, HAS HAD BLOOD IN URINE AT 3+, NONE AT THIS TIME OF URINE TEST. PT HAS A FAMILY HISTORY OF KIDNEY STONES,NAUSEA; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	LEFT FLANK/LOWER BACK PAIN GOING INTO ABDOMEN AREA, DYSURIA, HAS HAD BLOOD IN URINE AT 3+, NONE AT THIS TIME OF URINE TEST. PT HAS A FAMILY HISTORY OF KIDNEY STONES,NAUSEA; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Leftsided back pain, frequent urination, does not feel like he is emptying his bladder, foul odor, and blood in his urine; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Leftsided back pain, frequent urination, does not feel like he is emptying his bladder, foul odor, and blood in his 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	MILD UMBILICAL PAIN RADIATING TO RIGHT SIDE,DID A UA , CMP,CBC, PREGNANCY TEST ALL CAME BACK NORMAL; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	MILD UMBILICAL PAIN RADIATING TO RIGHT SIDE,DID A UA , CMP,CBC, PREGNANCY TEST ALL CAME BACK NORMAL; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	no; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	no; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	palpable mass found on exam; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	palpable mass found on exam; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAD A HERNIA IN THE PAST AND IS PRESENTING WITH NEW ONSET PAIN; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAD A HERNIA IN THE PAST AND IS PRESENTING WITH NEW ONSET PAIN; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	dizziness, fatigue, nausea, headaches since cholecystectomy on Jan. 20,2020, She has had 3 recent doctor appts, and 2 er trips due to 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 had persistent fever, night sweats, dizziness, fatigue, nausea, headaches since cholecystectomy on Jan. 20,2020, She has had 3 recent doctor appts, and 2 er trips due to this.; There has been treatment or conservative therapy.; Patient had persistent fever, night sweats, dizziness, fatigue, nausea, headaches since cholecystectomy on Jan. 20,2020, She has had 3 recent doctor appts, and 2 er trips due to this.; She has been treated with Iv fluids,zofran,toradol,antibiotics first trip to er, first dr apt with prednisone,2nd dr apt with fiorcet, 2nd er visit Keflex, Phenergan, iv fluids and Zofran. 3rd dr visit treated with meclizine. She has had cbc,cmp,ebv pane; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a history of renal stones.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a history of renal stones.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient has a mass/lump on the left jaw.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has acute episode of low back pain that started 4-5 days ago, radiating to left side pain worsens with movement. Patient does have history of UTI's. Provider ordering for a renal CT study.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has acute episode of low back pain that started 4-5 days ago, radiating to left side pain worsens with movement. Patient does have history of UTI's. Provider ordering for a renal CT study.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had hernia since child hood. Patient has had pain for over two years.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had hernia since child hood. Patient has had pain for over two years.; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient has hematuria and suspicion of kidney stones; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient has hematuria and suspicion 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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has hydronephrosis of the left kidney after surgery. Patient had a stint placed in for 6 weeks.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has hydronephrosis of the left kidney after surgery. Patient had a stint placed in for 6 weeks.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT PRESENTS WITH ABDOMINAL PAIN AND RECTAL BLEEDING; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT PRESENTS WITH ABDOMINAL PAIN AND RECTAL BLEEDING; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was assessed for blood in stool and abdominal pain. Had xray, stool samples, and lab work performed. Patient reported nausea, diarrhea, abdominal cramping. Reports stools are "pure blood"; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was assessed for blood in stool and abdominal pain. Had xray, stool samples, and lab work performed. Patient reported nausea, diarrhea, abdominal cramping. Reports stools are "pure blood"; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Persistent upper gastric pain, Hpylori resolved;; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Persistent upper gastric pain, Hpylori resolved,; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	primary is diverticulitis and abdominal pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	primary is diverticulitis and abdominal 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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Probable large stone on the lower left side of the pelvis.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Probable large stone on the lower left side of the pelvis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o abdominal pain in mid epigastric area and pelvic pain. Pt states the pain comes and goes and is very sharp and doubles her over. She denies nausea, vomiting, constipation, diarrhea.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o abdominal pain in mid epigastric area and pelvic pain. Pt states the pain comes and goes and is very sharp and doubles her over. She denies nausea, vomiting, constipation, diarrhea.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had an inguinal hernia repair and they are wondering if something has happened with that since the Pt is having pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had an inguinal hernia repair and they are wondering if something has happened with that since the Pt is having pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is here with c/o continued oral thrush sx, s/p Rx with nystatin swish and swallow and oral diflucan Rx, x 7 days, is a diabetic;about altered taste in mouth , whitish discoloration, has been treated for oral thrush twice so far with nystatin mouth was; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is here with c/o continued oral thrush sx, s/p Rx with nystatin swish and swallow and oral diflucan Rx, x 7 days, is a diabetic;about altered taste in mouth , whitish discoloration, has been treated for oral thrush twice so far with nystatin mouth was; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt. has 2 uteruses, free fluid on left side of pelvis, possible cyst rupture.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt. has 2 uteruses, free fluid on left side of pelvis, possible cyst rupture.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	renal calculi expected; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	renal calculi expected; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RIGHT SIDED FLANK PAIN COMPLAINT FOR FEW DAYS,PAIN RADIATING AROUND TO THE RIGHT SIDE CONSISTENT WITH THE TYPICAL PATTERN A PROGRESSING KIDNEY STONE.MORE COMPLETEE EVALUATION ESPICALLY GIVEN HIS SMOKING HISTORY.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RIGHT SIDED FLANK PAIN COMPLAINT FOR FEW DAYS,PAIN RADIATING AROUND TO THE RIGHT SIDE CONSISTENT WITH THE TYPICAL PATTERN A PROGRESSING KIDNEY STONE.MORE COMPLETEE EVALUATION ESPICALLY GIVEN HIS SMOKING HISTORY.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	rule out possible appendicitis; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	rule out possible appendicitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RUQ PAIN, RIGHT FLANK PAIN, RADIATION INTO PELVIS; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RUQ PAIN, RIGHT FLANK PAIN, RADIATION INTO PELVIS; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	she is still having lots of bloating, nausea and abdominal pain for several months. Has tried several different things with no relief. Abdomen was noted to be moderately distended. 60 YO c/o bloating which has been going on for over 3 years. Has been test; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	she is still having lots of bloating, nausea and abdominal pain for several months. Has tried several different things with no relief. Abdomen was noted to be moderately distended. 60 YO c/o bloating which has been going on for over 3 years. Has been 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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ssss;Constitutional: ;Patient presents to the clinic today with complaints of "abdominal;pain." Location of pain was initially in the epigastric region. However she;now reports it is more of a generalized pain. She states the pain started 1;week ago; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ssss;Constitutional: ;Patient presents to the clinic today with complaints of "abdominal;pain." Location of pain was initially in the epigastric region. However she;now reports it is more of a generalized pain. She states the pain started 1;week ago; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a new problem. The current episode started in the past 7 days. The problem has been gradually worsening since onset. Stool frequency: "very small amount of stool daily" The stool is described as loose. The patient is not on a high fiber diet. She ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a new problem. The current episode started in the past 7 days. The problem has been gradually worsening since onset. Stool frequency: "very small amount of stool daily" The stool is described as loose. The patient is not on a high fiber diet. She ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	To further evaluate for kidney stone; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	To further evaluate for kidney stone; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; LEFT ABDOMINAL PAIN AND LOWER LEFT CHEST PAIN; HAS DONE PHYSICAL THERAPY WITH LITTLE TO NO IMPROVEMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	weight 20 pds in 3 months stabbing sensation on right side; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	weight 20 pds in 3 months stabbing sensation on right side; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Weight loss, unintended, non-localized abd pain, SOB and elevated labs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Shortness of breath AND Weight loss, unintended, non-localized abd pain; There has not been any treatment or conservative therapy.; Weight loss, unintended, non-localized abd pain AND shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax clinical if needed.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax clinical if needed.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX OVER; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX OVER; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	wt loss lymphadenopathy swelling of lymph nodes urinary frequency pain in hips sob; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	2.1 cm spot on right kidney; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient is a 76 y.o. Caucasian female presenting with left flank pain ;Patient is a 76 y.o. Caucasian female with a past history of hypertension, hyperlipidemia, renal stones and gerd presented to emergency room with left flank pain acute onset, moderate; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient small nodule found; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This is for a CT of the Sacrum;She rolled her ankle again last night and fell landing on her buttock.;She has pain in her coccyx and sacral region with sitting, especially on hard surfaces.;;XRAY IMPRESSION:;IMPRESSION: Mild angulation at the sacroco; Requestor has decided to proceed with the unlisted code.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Patient had Mammogram and US on 12/5/2019. Patient has multiple bilateral breast nodules that are not identified on US. Due to # of nodules and no sonographic match, MRI is recommended.; 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.; It is not known if this patient have axillary node adenocarcinoma.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton	Radiology Services Denied Not Medically Necessary	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	ABNORMAL EKG, TACHYCARDIC , DIABETIC; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	Angina at rest (HCC);- NM Myocardial Perfusion Spect(Stress and Rest) W QS Analysis needed; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	CT Coronary Calcium score 391; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No IP;nfo Given. ;;Pt his having chest pain and sob. Has a family history of heart disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	INTERMITTENT SSCP AND SOB AND FATIGUE CONCERNING FOR; CAD. HAS STRONG FAMILY HISTORY OF CAD AT; EARLY AGE. PT IS SMOKER WITH HTN AND HYPERLIPIDEMIA.;; This study is being ordered for Vascular Disease.; Patient experiencing progressive CP and SOB; There has been treatment or conservative therapy.; Chest pain and SOB; Amilodipine, atorvastatin, losartan potassium, metoprolol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	Mr Turner comes in for a checkup. He has hypertension that is controlled with lisinopril. He is on Lipitor for his cholesterol. Last LDL was 98. He had a colonoscopy 2016. He has a 40 pack year history of smoking. He quit 11 years ago. He had a nega; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Patient has a family history of cardiovascular disease and had an abnormal EKG showing anterior lateral T wave changes. Risk factors include the family history as mentioned above as well as patient a lifelong smoker who recently quit in the past 6 years.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Patient presents with chest/arm pain typical of angina. Given the history, exam findings and his risk factors, I feel additional investigation is warranted. I have made arrangements for an exercise stress test in the near future, suspect CAD or branch blo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	will fax clinicals; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	FOLLOW-UP TO A PREVIOUS; SCREENING; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for a neurological disorder.; 1/27/2020; There has not been any treatment or conservative therapy.; Numbness to left face, arm and leg. Vertigo, tingling, chest pain, tremors.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	Patient is here for obesity; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	pt with new systolic murmur, echo to characterize new cardiac 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 NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of an abnormal heart rhythm.; The ordering provider is NOT a Cardiac Surgeon, Cardiologist, Thoracic Surgeon or Hematologist/Oncologist; This study is being ordered for none of the above or don't know.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	weight loss. muscle and body aches...Fever; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		Ms. Shelton returns to the clinic with continued complaints of anxiety and confusion ;She feels shaky on the inside a lot and admits that she is afraid in the home. She states that she just does not "know what to do". ;Neurological: Positive for weakne; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were abnormal.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniostynosis).; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material	treating memory loss; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	no; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is experiencing odd behaviors such as turning off all her breakers, paranoid thoughts with people stealing money and messing up her house. Got lost driving x2, son took her car away. Will try to walk away. Once walked to the highway. Forgetting wo; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	reported hx of memory issues for about 8 years; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	A spect has been ordered to follow-up on abnormal EKG and given her fatigue as well. No appetite, energy, loss of taste, smell x 1 wk.;- Taking chloricidin.;Occasional emesis,mild cough;Hasn't smoked x 1 wk.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2020	Jan-Mar 2020	
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Positive for dizziness, facial asymmetry and headaches. She reports dizziness and heaviness in head about 5 times a month that lasts a few seconds. It is occurring when she is working or walking.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture. Neurological: Positive for weakness and headaches. Negative for dizziness. ;Psychiatric/Behavioral: Positive for confusion, decreased concentration and sleep disturbance. The patient is nervous/anxious; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Geriatrics	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary		1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	We need to know the Stage for two reasons: 1) To determine what additional treatment is necessary after surgery (chemo, radiation, or no further treatment) and 2) For prognosis. Her biopsy demonstrated Grade 3 cancer as it is serous histology. We will; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Plan;She will have an MRI pelvis in 3m and RTC to see me and we will review it then. ;I would like to do a D&C after that as well to see if we can get a better sampling.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ovarian cyst on left; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ovarian cyst on left; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	We need to know the Stage for two reasons: 1) To determine what additional treatment is necessary after surgery (chemo, radiation, or no further treatment) and 2) For prognosis. Her biopsy demonstrated Grade 3 cancer as it is serous histology. We will; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; breast cancer, cardiotoxic chemo	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Gynecologic Oncology	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	BILATERAL BREAST CA-NEGLECTED DISEASE: BIOPSY FROM BOTH BREAST WERE POSITIVE FOR CA. THE LT WAS A MODERATE TO POORLY DIFFERENTIATED INFILTRATING DUCTAL CA, THE RT WAS DUCTAL CA WITH MUCINOUS FEATURES. BOTH SIDES WERE ER POSITIVE, PR POSITIVE, PR POSITIVE, ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	for assessment of breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	patient with known metastatic renal cell carcinoma reporting headaches and need to assess for brain mets; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	17	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	7	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	Will upload clinical notes.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	CHRONIC SINUS PRESSURE X 3 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; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	findings are most consistent with some sort of metastatic malignancy. Technically, some sort of multifocal infectious process cannot be excluded but malignancy is felt to be much more likely; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	for restaging of marginal zone lymphoma of the spleen Given.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Ms. Jefferson is a 55 year old female with a past medical history significant for epilepsy. She was referred by Dr. Senthil Raghavan, PCP. ;1. Lymphadenopathy;;She presented to his office 12/30/19 c/o a lump under her right arm for 2 weeks. ;;She h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	NEWLY DIAGNOSED MALIGNANT TUMOR OF VOCAL CORD; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	none; This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	patient is to have CT scan for surveillance to monitor cancer; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	PATIENT WITH KNOWN LUNG CANCER UNDERGOING CHEMOTHERAPY AND REPORTING LYMPH NODES IN NECK ARE SWOLLEN AND WORSENING. PATIENT IS ALSO HAVING SOME DIFFICULTY SWALLOWING AT TIMES.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	pulmonary embolism, venous Doppler showed no change, adenopathy; 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 abcess.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	19 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Will upload clinical notes.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	It is unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	6	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging,	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1. Hx limited stage small cell lung cancer, dx 2013 with new CT evidence of right hilar/suprahilar density that is concerning for;recurrent disease. However, her cancer was diagnosed almost 8 years ago. This would be rather far out for recurrent disease ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PANCREATIC CANCER, NEW ONSET HEADACHES AND DIZZINESS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient with metastatic breast cancer. Complains of intermittent pulsating and numbness on left side of head. No associated headache, dizziness, confusion, gait disturbances, vision changes, or weakness. Evaluation to rule out brain mets.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is Hematologist/Oncologist	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient has known cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	48 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	39 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	1. NonHodgkin's;lymphoma with plasmacytic differentiation. We reviewed plans are to continue her on maintenance Rituxan once a;quarter, and we discussed plans for that and the benefits and side effects of that. We will monitor for any evidence of recurr; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	1/31/20 office visit: ;Dr. Bandy performed a robotically assisted abdominal hysterectomy, bilateral salpingo oophorectomy with pelvic and para-aortic lymphadectomy on 8/30/19. ;We discussed today that I am concerned about the serous component, the grade; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	11/24/2019 CTA PULMONARY SHOWS A NEW MILD ADENOPATHY TO RT AXILLARY AREA WITH LARGEST NODE MEASURING 1.8X0.9CM.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	52 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	After last induction phlebotomy in July 2018, his ferritin remains perfectly controlled. At this point, I will start to check his lab every 6 months and see me once a year. We will do one more CT of the chest to make sure the lung nodule remains stable ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Anal carcinoma, recurrent/metastatic, currently on treatment with carboplatin and taxol on a q 21 day cycle in a palliative setting.;Plans are to set her up for restaging scan, to evaluate response to treatment thus far and we will have her return for di; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	BREAST CANCER RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	breast cancer, suspicious area on chest x-ray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Bypass; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. It is not known if there is radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Epithelial ovarian cancer, FIGO stage IVA;- Primary renal papillary carcinoma, right; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	FOLLOW UP CT CHEST FOR 3.6 MM PLEURAL BASED NODULE IN THE LEFT LOWER LOBE SEEN ON CT DONE 6/13/19. LUNG RADS CATEGORY 3.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	for assessment of breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	for restaging of marginal zone lymphoma of the spleen. Given.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Initial pathology from right nephrectomy 12/20/12 showed Renal cell carcinoma, papillary type, unclassified, Fuhrman nuclear grade 3, measuring 7.0 cm in greatest dimension and involving the renal sinus fat, negative surgical margins, unifocal, 7.0 x 6.4 ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Initial staging of breast cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Malignant neoplasm of unspecified site of left female breast; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Mrs. Holland is a very pleasant 55-year-old woman with a stage IIIB left-sided triple negative breast cancer. ;;Plan: ;Overall the patient is doing well. We discussed methods to help control her anxiety. These included meditation, which we discussed a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Ms. Jefferson is a 55 year old female with a past medical history significant for epilepsy. She was referred by Dr. Senthil Raghavan, PCP. ;;1. Lymphadenopathy;;She presented to his office 12/30/19 c/o a lump under her right arm for 2 weeks. ;;She h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Ms. Kersh is a pleasant 59 year old female Transferring care from Dr. Schafer at UAMS who is retiring. Presents in clinic today to establish care with me. She has a history of melanoma in situ of the upper anterior chest wall s/p wide local excision by d; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	NEWLY DIAGNOSED MALIGNANT TUMOR OF VOCAL CORD; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	NON-HODGKIN'S LYMPHOMA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Noncalcified pulmonary nodule in the right lower lobe measuring 0.9;cm. Given the patient's age, this is favored to be benign in etiology;possibly representing infectious or inflammatory process. Prominent;right hilar lymphadenopathy, likely reactive. ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	None; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Pancreatic tail mass. Patient has had weight loss which is concerning. Pulmonary nodule 0.6cm LUL; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	patient has non small cell lung cancer, CT chest imaging is for follow up is on chemo right now.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary nodules noted on Chest Ct scan from 08/14/2019; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	R/O malignancy; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	sarcoma.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	STAGE IV PANCREATIC CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	154	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	155	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	48 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	49 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Will fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Will upload clinical notes.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	She comes today for hospital follow up. She is having daily chest pain and hurts worse when she tries to breathe. She c/o SOB, fatigue, low energy, chills, frequent headaches / migraines and dizziness (usually daily), frequent diarrhea, abdominal cramping; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgey is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72125 Computed tomography, cervical spine; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for staging.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Evaluate for progression of leptomeningeal disease and brain tumor; 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Systemic Mastocytosis;35 ye: Rear old very pleasant woman was was first seen in UAMS in February 2018 for evaluation of mast cell disorder. A bone marrow showed 20-30% bone marrow involved by mast cells confirming diagnosis of systemic mastocytosis. She ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	7 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	NEW ONSET LOW BACK PAIN HX OF BREAST CANCER, RULE OUT METASTATIC DISEASE; The study requested is a Lumbar Spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	addendum on 1/14/2020: called by Dr. Mustain. Elevated CEA 35, PET at UAMS showed PET avid dz in the soft tissue perineum. Need chemo. Add all ras (KRAS, NRAS), BRAF to path. Call to bring the pt back first available.; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Malignant neoplasm of anal canal; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	She is post treatment with Cisplatin and XRT return for evaluation of disease; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73200 Computed tomography, upper extremity; without contrast material	COMPLETE BODY SCAN, WHOLE BODY, USING LOW DOSE CONTRAST TO EVALUATE MGUS.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	10 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; The request is for shoulder pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material	COMPLETE BODY SCAN, WHOLE BODY, USING LOW DOSE CONTRAST TO EVALUATE MGUS.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	SOFT TISSUE SWELLING; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	Pancreatic tail mass.Patient has had weight loss which is concerning,. Pulmonary nodule 0.6cm LUL; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	. Mass in the upper pole right kidney highly suspicious for primary;cancer. Further assessment recommended with CT of abdomen pelvis with;contrast administration. Findings phoned to Dr. Shrestha; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	. Mass in the upper pole right kidney highly suspicious for primary;cancer. Further assessment recommended with CT of abdomen pelvis with;contrast administration. Findings phoned to Dr. Shrestha; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1. NonHodgkin's;lymphoma with plasmacytic differentiation. We reviewed plans are to continue her on maintenance Rituxan once a;quarter, and we discussed plans for that and the benefits and side effects of that. We will monitor for any evidence of recurr; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1/31/20 office visit: ;Dr. Bandy performed a robotically assisted abdominal hysterectomy, bilateral salpingo oophorectomy with pelvic and para-aortic lymphadectomy on 8/30/19. ;We discussed today that I am concerned about the serous component, the grade; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	a newly diagnosed anal squamous cell carcinoma. The patient said she had noticed a mass in the anal area which continued to grow. She was found to have moderately large mass in the anal area and on biopsy this came back as squamous cell carcinoma of the ; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	a newly diagnosed anal squamous cell carcinoma. The patient said she had noticed a mass in the anal area which continued to grow. She was found to have moderately large mass in the anal area and on biopsy this came back as squamous cell carcinoma of the ; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Anal carcinoma, recurrent/metastatic, currently on treatment with carboplatin and taxol on a q 21 day cycle in a palliative setting.;Plans are to set her up for restaging scan, to evaluate response to treatment thus far and we will have her return for di; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	BREAST CANCER RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Epithelial ovarian cancer, FIGO stage IVA;- Primary renal papillary carcinoma, right; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Follow up to ovarian carcinoma and appendiceal carcinoid tumor; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Follow up to ovarian carcinoma and appendiceal carcinoid tumor; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without	for assessment of breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	for restaging of marginal zone lymphoma of the spleen Given.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Initial pathology from right nephrectomy 12/20/12 showed Renal cell carcinoma, papillary type, unclassified, Fuhrman nuclear grade 3, measuring 7.0 cm in greatest dimension and involving the renal sinus fat, negative surgical margins, unifocal, 7.0 x 6.4 ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without	Initial staging of breast cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Malignant neoplasm of unspecified site of left female breast; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Mr. Richardson was seen last visit for evaluation of right renal mass. He was evaluated by Dr. Littlejohn and subsequently underwent right;nephrectomy on Aug 28, 2019. Pathology showed T1bNOM0 Clear Cell Renal Cell Carcinoma. Today, patient denies post o; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Mr. Richardson was seen last visit for evaluation of right renal mass. He was evaluated by Dr. Littlejohn and subsequently underwent right;nephrectomy on Aug 28, 2019. Pathology showed T1bNOM0 Clear Cell Renal Cell Carcinoma. Today, patient denies post o; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Mrs. Holland is a very pleasant 55-year-old woman with a stage IIIB left-sided triple negative breast cancer. ;;Plan: ;Overall the patient is doing well. We discussed methods to help control her anxiety. These included meditation, which we discussed a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Ms. Jefferson is a 55 year old female with a past medical history significant for epilepsy. She was referred by Dr. Senthil Raghavan, PCP. ;;1. Lymphadenopathy;;She presented to his office 12/30/19 c/o a lump under her right arm for 2 weeks. ;;She h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Ms. Kersh is a pleasant 59 year old female Transferring care from Dr. Schafer at UAMS who is retiring. Presents in clinic today to establish care with me. She has a history of melanoma in situ of the upper anterior chest wall s/p wide local excision by d; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without	NON-HODGKIN'S LYMPHOMA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is currently under six month follow up for ovarian cancer. See attached clinicals.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>Patient is currently under six month follow up for ovarian cancer. See attached clinicals.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>PATIENT WITH KNOWN STAGE 4 LUNG CANCER CURRENTLY UNDERGOING CHEMOTHERAPY AND HAVING NEW LOWER ABD PAIN. NEED CT SCANS TO RESTAGE TO ASSESS FOR GROWTH IN KNOWN METASTATIC DISEASE; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>PATIENT WITH KNOWN STAGE 4 LUNG CANCER CURRENTLY UNDERGOING CHEMOTHERAPY AND HAVING NEW LOWER ABD PAIN. NEED CT SCANS TO RESTAGE TO ASSESS FOR GROWTH IN KNOWN METASTATIC DISEASE; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>Plan:- repeat CT scan at 12 months after the cryoablation (4/2019) and annually thereafter (as recommended by Dr Hall who did the cryoablation);-He was referred to urology few months ago, however he would like to hold off on urology secondary to mu; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>Plan:- repeat CT scan at 12 months after the cryoablation (4/2019) and annually thereafter (as recommended by Dr Hall who did the cryoablation);-He was referred to urology few months ago, however he would like to hold off on urology secondary to mu; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PT IN FOR FOLLOW UP LEUKOPENIA AND THROMBOCYTOPENIA. PT SAYS HE HAS ABDOMINAL PAIN ON BOTH SIDES OF HIS ABDOMEN RECENTLY. DR WANTING CT SCAN FOR ABDOMINAL PAIN TO LOOK FOR LIVER DISEASE AND SPLENOMEGALY.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PT IN FOR FOLLOW UP LEUKOPENIA AND THROMBOCYTOPENIA. PT SAYS HE HAS ABDOMINAL PAIN ON BOTH SIDES OF HIS ABDOMEN RECENTLY. DR WANTING CT SCAN FOR ABDOMINAL PAIN TO LOOK FOR LIVER DISEASE AND SPLENOMEGALY.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Restaging images for patient with stage IIA colon cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	sarcoma.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	STAGE IV PANCREATIC CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	145 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	146	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	47	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	48	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The hematuria is due to tumor or mass.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	31	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	31 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	UNINTENTIONAL WEIGHT LOSS;SEVERE CONSTIPATION; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	UNINTENTIONAL WEIGHT LOSS;SEVERE CONSTIPATION; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without	Will fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	WILL FAX; This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	WILL FAX; This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Will upload clinical notes.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	WORSENING UNILATERAL INGUINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	WORSENING UNILATERAL INGUINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is NOT presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enfor re-staging of ganglioneuroma. Will need measurements of masster answer here - or Type In Unknown If No Info Given.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Lymphadenopathy; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	METASTATIC ADENOCARCINOMA OF THE COLON: STAGE IV, SIGMOID COLON RESECTED WITH DISEASE KNOWN IN THE LIVER. SIX MONTHS OF CHEM RESULTED IN COMPLETE REMISSION. FOLLOW-UP SCANS REVEALED POSSIBLE ENLARGMENT AREA IN THE LIVER. MRI MONITORIN HAS BEEN PERFORMED.; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is NOT presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	RECENT CT SCAN SHOWS DILATION OF THE MAIN PACREATIC DUCT AND SUGGESTS MRI ABD FOR FURTHER CHARACTERIZATION. PATIENT HAS KNOWN LUNG CANCER AND BREAST CANCER; This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Systemic Mastocytosis;35 ye: Rear old very pleasant woman was was first seen in UAMS in Febrary 2018 for evaluation of mast cell disorder. A bone marrow showed 20-30% bone marrow involved by mast cells confirming diagnosis of systemic mastocytosis. She ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the spleen during a previous CT, MRI or Ultrasound.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Chemotherapy	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);". The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; unknown	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic),	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "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.;	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; It is not known if there is a change in cardiac signs or symptoms.; The patient will not be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; As of 1/8/2020 Patient here for follow up of stage IV ER positive, her 2 neu positive breast cancer. Continues on Herceptin/Perjeta/Al and;tolerating well. Has no evidence of disease progression today clinically. She completed radiation to mediastinum an	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Evaluate EF prior to the administration of a cardiotoxic chemotherapy	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Need a base line MUGA pt is scheduled to begin chemo for breast cancer.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Stage 1 Breast cancer needing MUGA to start chemo.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or	This is a request for a MUGA scan.; This study is NOT being ordered for Chemotherapy, Known Cardiomyopathy/ Myocarditis, Suspected Cardiomyopathy/ Myocarditis, or Congestive Heart Failure.; injection fracture/to start chemo	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	BILATERL BREAST CA-NEGLECTED DISEASE: BIPOSY FROM BOTH BREAST WERE POSITIVE FOR CA. THE LT WAS A MODERATE TO POORLY DIFFERENTIATED INFILTRATING DUCTAL CA, THE RT WAS DUCTAL CA WITH MUCINOUS FEATURES. BOTH SIDES WERE ER POSITIVE, PR POSITIVE, PR POSITIVE, ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	1. Hx limited stage small cell lung cancer, dx 2013 with new CT evidence of right hilar/suprahilar density that is concerning for;recurrent disease. However, her cancer was diagnosed almost 8 years ago. This would be rather far out for recurrent disease ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	NEW CHEMOTHERAPY REGIMEN: q 21 Days: ;;Rituxan 840 mg ;Cytosan1680 mg;Doxirubicin 112 mg;Vincristine 2 mg;Premeds: Aloxi 250 mcg IV, Cinvanti 130 mg IV, Tylenol 650 mg po, and Benedryl 25 mg IV with Neulasta OBI 6 mg wearable injector.;;She ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	She presented to Dr. Raghavan's office 12/30/19 c/o a lump under her right arm for 2 weeks. She reports not having noticed these nodes prior to December 2019. She had a diagnostic bilateral mammogram with ultrasound on 2/5/20 @ Baptist Breast Center, whi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is Hematologist/Oncologist	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Thyroid Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is NOT for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; It is unknown if this request is for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is being ordered to distinguish tumor(s) from treatment related tissue necrosis.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is being ordered to distinguish tumor(s) from treatment related tissue necrosis.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is NOT being ordered to distinguish tumor(s) from treatment related tissue necrosis.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; It is unknown if this is for an evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small cell or non small cell lung cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; There is existing evidence of metastasis or other tumor in the body.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is NOT for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	BASELINE ECHO BEFORE TREATMENT; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	CHEMO; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Patient on chemotherapy.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is the first request for a Transthoracic Echocardiogram; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	To be used as a baseline for ventricular function after before and after chemo; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	for restaging of marginal zone lymphoma of the spleen info Given.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING ESOPHAGEAL CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Lymphadenopathy and Concern for Underlying Lymphoma: Ms. Longoria has a long history of fluctuating lymph nodes in her submandibular and submental zone with frequent sore throats. She exhibits no B-symptoms, no unintentional weight loss, fevers, chills, d; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	NECK MASS SEEN ON ULTRASOUND ;2.3 X 1.4 CM MASS IN THE LEFT SIDE SUSPICIOUS FOR SOLID MASS AND BENIGN AND MALIGNANT CAUSES OF MASS ARE POSSIBLE. CT SCAN SOFT TISSUE NECK RECOMMENDED FOR FURTHER EVALUATION.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING ESOPHAGEAL CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	She presented to Dr. Raghavan's office 12/30/19 c/o a lump under her right arm for 2 weeks. She reports not having noticed these nodes prior to December 2019. She had a diagnostic bilateral mammogram with ultrasound on 2/5/20 @ Baptist Breast Center, whi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Lymphadenopathy and Concern for Underlying Lymphoma: Ms. Longoria has a long history of fluctuating lymph nodes in her submandibular and submental zone with frequent sore throats. She exhibits no B-symptoms, no unintentional weight loss, fevers, chills, d; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING ESOPHAGEAL CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging images for patient with stage IIA colon cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	surveillance ct pt has not been seen in 6 months; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluate for progression of leptomeningeal disease and brain tumor; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The last Cervical Spine MRI was performed within the past 10 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	NEW CHEMOTHERAPY REGIMEN: q 21 Days: ;;Rituxan 840 mg ;Cytoxan1680 mg;Doxirubicin 112 mg;Vincristine 2 mg;Premeds: Aloxix 250 mcg IV, Cinvanti 130 mg IV, Tylenol 650 mg po, and Benedryl 25 mg IV with Neulasta OBI 6 mg wearable injector.;;She i; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast	Radiology Services Denied Not Medically Necessary	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal pain and tenderness on physical exam. CT without contrast on 3/13/20 showed upper abdominal inflammation suggestive of perforated duodenal ulcer. More specific CT with oral and IV contrast needed for diagnosis and possible surgery.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal pain and tenderness on physical exam. CT without contrast on 3/13/20 showed upper abdominal inflammation suggestive of perforated duodenal ulcer. More specific CT with oral and IV contrast needed for diagnosis and possible surgery.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Lymphadenopathy and Concern for Underlying Lymphoma: Ms. Longoria has a long history of fluctuating lymph nodes in her submandibular and submental zone with frequent sore throats. She exhibits no B-symptoms, no unintentional weight loss, fevers, chills, d; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with persistent left lower abdominal pain worsening. Intermittent loose bowel movements. Per 2017 colonoscopy unremarkable. Patient with vitamin B12 deficiency with pathology to be determined. Per A/P CT of 2017 patient with gallbladder nodule det; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with persistent left lower abdominal pain worsening. Intermittent loose bowel movements. Per 2017 colonoscopy unremarkable. Patient with vitamin B12 deficiency with pathology to be determined. Per A/P CT of 2017 patient with gallbladder nodule det; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Progressive pancytopenia. Etiology unclear. He has had a prior bone marrow aspiration which was relatively normal. Unfortunately,;cytogenetics were not performed. We may need to repeat this. We are repeating laboratory evaluation and I have also ordered ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Progressive pancytopenia. Etiology unclear. He has had a prior bone marrow aspiration which was relatively normal. Unfortunately,;cytogenetics were not performed. We may need to repeat this. We are repeating laboratory evaluation and I have also ordered ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING ESOPHAGEAL CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	surveillance ct pt has not been seen in 6 months; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	CT showed no obvious sites of metastasis;although, there was a possible hemangioma noted in dome of liver.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; The patient had a thyroidectomy and radioiodine ablation.; It is unknown if the patient has a serum thyroglobulin level greater than 10ng/mL.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed	Radiology Services Denied Not Medically Necessary	RESTAGING; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 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 Brain Cancer/Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is being ordered to distinguish tumor(s) from treatment related tissue necrosis.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is NOT being ordered to distinguish tumor(s) from treatment related tissue necrosis.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	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.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	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.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; The patient had a thyroidectomy and radioiodine ablation.; The patient has a serum thyroglobulin level greater than 10ng/mL.; The patient did NOT have a negative whole body I-131 scan.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hematologist/Oncologist	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN	Radiology Services Denied Not Medically Necessary	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hospital	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		MRA of head and neck to evaluate any vascular abnormalities that may be the etiology.Systolic murmur for the echo.Suspected stroke for the MRI 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.; 02/27/2020; There has been treatment or conservative therapy.; facial numbness to left side of face radiating down into left side of neck and tingling in left arm. HTN intial reading of 258/147. Patient also complains of chest pressure.; labetalol, clopidogrel, aspirin, morphine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hospital	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	<p>MRA of head and neck to evaluate any vascular abnormalities that may be the etiology. Systolic murmur for the echo. Suspected stroke for the MRI 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.; 02/27/2020; There has been treatment or conservative therapy.; facial numbness to left side of face radiating down into left side of neck and tingling in left arm. HTN initial reading of 258/147. Patient also complains of chest pressure.; labetalol, clopidogrel, aspirin, morphine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hospital	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>MRA of head and neck to evaluate any vascular abnormalities that may be the etiology. Systolic murmur for the echo. Suspected stroke for the MRI 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.; 02/27/2020; There has been treatment or conservative therapy.; facial numbness to left side of face radiating down into left side of neck and tingling in left arm. HTN initial reading of 258/147. Patient also complains of chest pressure.; labetalol, clopidogrel, aspirin, morphine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hospital	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were normal.; The patient had abnormal lab studies.; A white blood cell count was completed.; The white blood cell count was high.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hospital	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	MRA of head and neck to evaluate any vascular abnormalities that may be the etiology. Systolic murmur for the echo. Suspected stroke for the MRI 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.; 02/27/2020; There has been treatment or conservative therapy.; facial numbness to left side of face radiating down into left side of neck and tingling in left arm. HTN initial reading of 258/147. Patient also complains of chest pressure.; labetalol, clopidogrel, aspirin, morphine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Hospital	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Chest pain(Chest pain, unspecified r/o cardiac cause.Patient presents with concern for TIA. Reports dizziness symptoms have not stopped since Sept visit. Worsening because it is now daily. + fatigue, hot flashes, wt gain. ;Has had 2 episodes of num; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		She was diagnosed with the flu in March and says it was "really bad". She was not hospitalized but says she was really sick. She says that since that time she has had a fever every single day. She says it gets as high as 101.5 at least once/day. No specif; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; CHEST PAIN- SHARP, CONSTANT,IN THE MIDDLE OF THE CHEST AND SOMETIMES ON THE LEFT SIDE.;;FEVERS- ORIGIN DATES BACK TO MARCH 2019 . PT WAS DIAGNOSED WITH FLU IN MARCH AND SINCE THAT TIME, SHE HAS FEVERS AT LEAST ONCE A DAY AND IT GETS AS HIGH AS 101.5. A; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to known or suspected multiple sclerosis (MS) infection or abscess.; There is a reason why the patient cannot have a Cervical Spine MRI.; Paraspinal abscess	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for a thoracic spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; It is not known if surgery is planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	follow up to check on abscess in liver; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	follow up to check on abscess in liver; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	hospitalized for backderema, spent 10 days in hospital for abdominal pain, history infective hernia mesh, abscess above, required surgery & removal.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	hospitalized for backderema, spent 10 days in hospital for abdominal pain, history infective hernia mesh, abscess above, required surgery & removal.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She was diagnosed with the flu in March and says it was "really bad". She was not hospitalized but says she was really sick. She says that since that time she has had a fever every single day. She says it gets as high as 101.5 at least once/day. No specif; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; CHEST PAIN- SHARP, CONSTANT,IN THE MIDDLE OF THE CHEST AND SOMETIMES ON THE LEFT SIDE.;;FEVERS- ORIGIN DATES BACK TO MARCH 2019 . PT WAS DIAGNOSED WITH FLU IN MARCH AND SINCE THAT TIME, SHE HAS FEVERS AT LEAST ONCE A DAY AND IT GETS AS HIGH AS 101.5. A; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Will FAX; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Will FAX; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Infectious Diseases	Approval	93312 Echocardiography, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	dizziness.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	Establish Care (Here to establish care with a new PCP.); Loss of Consciousness (States she blacked out last week while donating plasma. States she lost control of her bladder during this episode.); and GI Problem (Patient states she feels "bloated" after ; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	hemorrhage , involved in motor vehicle crash, diplopia, left sided weakness; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	new symptoms that she also wants to discuss today is about 10 days ago she started having numbness more so on the right side of the face than the left and numbness in her lips. She also has TMJ on the right side so she was unsure if it is related but she; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	none; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	Patient had a previous MRI that has been authorization but patient can not have MRI because patient has pacer clips.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	Patient has recently been diagnosed with large acoustic neuroma, awaiting neuro-surgical eval, no with worsening headaches, dizziness, and labile blood pressure. Concerning for increased intracranial pressure. Neurosurgeon recommends CT.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	will be auto approved(AR should attach electronic fax to Informa case); This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Chronic sinusitis & pain; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Mrs. Green c/o sinus pressure that worsens when she coughs. Some nights she keeps herself up coughing. Patient has been compliant with treatment plan for 8 weeks. Chronic sinusitis.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	obstructed nostril; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	4.6cm heterogeneous mass along the left submandibular region with significant increased blood flow present.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Abnormal US of soft tissue of neck. Mass like structure.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Adenopathy at level three and six in the left neck. Recommend;postcontrast CT scan of the neck for further evaluation.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	neck is swelling having difficulty swallowing; This is a request for neck soft tissue CT.; It is unknown if surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	pt has cervical lymphadenopathy. pt was seen on 02.06.2020 for cervical lymphadenopathy follow up. she was not having uri symptoms at that time. dr provided steroids and augmentin. she came in on 02.18.2020 for follow up. her adenopathy persists. Dr order; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	soreness in area with nodules; r22.1; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are new or changig symptoms in the neck.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	pt had abnormal ct scan of neck. ;pt has bilateral carotid atherosclerosis, with severe stenosis of the proximal cervical rt internal carotid artery. pt has a 5 mm left posterior para seller ovoid mass. 9 mm rt hilar lymph node. several bilateral thyroi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; It is unknown if the the ultrasound showed dissection, stenosis or a glomus tumor.; The patient does not have carotid (neck) artery surgery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	BALANCE DIFFICULTY AND LOSING SENSE OF TASTE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	dizziness for 3 months with vertigo.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	headache pain increasing.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Hearing Loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	hx of head trauma, chronic migraine; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	known CVA - 6 month follow up to make sure it has remained stable, large hemorrhagic infarction.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Mild neurocognitive disorder due to Alzheimer's disease; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Psychiatric: ; Mood and Affect: Mood normal. ; Behavior: Behavior normal. ; Thought Content: Thought content normal. ; Cognition and Memory: Memory is impaired. ; Judgment: Judgment normal.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	pt had abnormal ct scan of neck. ;pt has bilateral carotid atherosclerosis, with severe stenosis of the proximal cervical rt internal carotid artery. pt has a 5 mm left posterior para seller ovoid mass. 9 mm rt hilar lymph node. several bilateral thyroi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	pt is having double vision and need to rule out a stroke; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Skin Cancer surgery was done and now has left temple pain and is certain something is wrong there.;- Will get MRI brain with and without contrast; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Still have HA. Moderate to severe at times. No vision changes. Frontal. No weakness.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has 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).	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include inability to speak.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This study is being ordered for trauma or injury.; 01/27/2020; There has not been any treatment or conservative therapy.; speech difficulties, numbness, weakness, vision disturbance, chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there is radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	3MM nodule first noted on CT 05/31/2019. First follow up 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	8 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain or SOB, pleurisy or effusion suspected; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CTA 7/3/19 ;8 mm left lower lobe pulmonary nodule. Consider a follow-up;noncontrast CT of the chest in 6-12 months.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	ENLARGED LYMPH NODES,Hilar lymphadenopathy - Hx of renal disease, anal fissure, hematochezia, Epstein syndrome, chronic cholecystitis, idiopathic membranous glomerulopathy.Resistant hypertensive disorder, Edema of lower extremity, Neuropathy - no improvem; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up exam for lung adenocarcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up on nodule & emphysema; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	left lower lobe nodule 1cm and 3 mm April of 2017; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Multiple noncalcified bilateral lower lobe pulmonary nodules. These measure up to 6 mm in diameter. Based on the size of the nodules, a noncontrast CT scan of the chest in 12 months time is indicated per Fleischner Society criteria.; "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Opacity of lung on imaging study; Order CT chest to rule out malignancy; "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a chest xray that showed a 5 mm lung nodule. The nodule was not previously seen on the xray in 2014. The radiologist recommended a Chest CT; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a 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 none of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient is having pleurodynia, rib pain ongoing; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient recently had a CT of the Abdomen and Pelvis where a 9 mm noncalcified nodule was present in the left lower lobe. CT of the chest to assess;for additional nodules.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt with worsening DOE- positive PFT --- The study suggests interstitial lung disease.. Chest x-ray shows IMPRESSION: Elevation right hemidiaphragm with subsegmental;atelectasis right base. Recommendation is CT chest.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	suspecting cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	4	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	xray showed kyperinfiltation both lungs, irregular radiolucencies bilaterly, large bleb left apex unchanged from 2019, increased retrosternal space, low flattened hemidiaphragms; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	Displacement of the Lumbar 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.; 2013; There has been treatment or conservative therapy.; pain in lower back, syncope, tightness of muscles.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 12/27/2019; There has been treatment or conservative therapy.; pain; muscle relaxer medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	Displacement of the Lumbar 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.; 2013; There has been treatment or conservative therapy.; pain in lower back, syncope, tightness of muscles.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 12/27/2019; There has been treatment or conservative therapy.; pain; muscle relaxer medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	continues to have severe pain in neck, unable to complete physical therapy due to pain, has tried muscle relaxers, 2018 x ray showed stenosis of neck; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; cannot turn head side to side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right sided lower extremity weakness 2/5. Uses a rolling walker for assistance with ambulation.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	concern for radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested 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 right leg gives way when walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	He is also having worsening radiculopathy on the right lower extremity. There is numbness in the right lower extremity. Worsening back pain as well. He did suffer a fall last week that seemed to make it worse.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for back pain and myalgias. Positive for tingling and sensory change. Spinal stenosis seems to be worsening. Worsening numbness in the right lower extremity. Get MRI L spine. Will get referral for carpal tunnel to ortho. He is willing to have t; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pain in left side; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; reflex abnormality , left side lower extremity weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient comes in today for six-month followup. She also was involved in a motor vehicle accident on January 9 when she hit a deer and she has had some left-sided low back pain and left hip pain. Gait And Stance normal gait and stance. Motor Right: normal ; This study is being ordered for trauma or injury.; 01/22/2020; There has been treatment or conservative therapy.; ; cyclobenzaprine, meloxicam, naproxen,ibuprofen, tylenol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient has chronic back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient having radiating pain down the right hip and numbness and in the leg.; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	5	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	11	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	Neg pelvis x-ray from October 2019, continued pain 8 out of 10; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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.; ; Diclofenac Sodium 50 MG 1x a day;;Prednisone 10 MG tablets BID; The patient received medication other than joint injections(s) or oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	sudden onset of pain and swelling, abnormal xray; 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	vision loss in left eye, about 2 years ago pt has noticed vision changes. only being able to see light and dark in his left eye. his optometrist asked him to see a specialist but never followed u with one. skin lesion on scalp above right forehead grownin; The study is for Aseptic Necrosis; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; The study is requested for a reason other than ankle pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is not newly diagnosed, it's known previous history.; There are NO new signs or symptoms.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	ENLARGED LYMPH NODES,Hilar lymphadenopathy - Hx of renal disease, anal fissure, hematochezia, Epstein syndrome, chronic cholecystitis, idiopathic membranous glomerulopathy.Resistant hypertensive disorder, Edema of lower extremity, Neuropathy - no improvem; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	Patient received notification that there was a recall on her hernia mesh and needs to be seen by a general surgeon; the general surgeon will not see the patient without having a current abdominal CT; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	Unknown; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma); The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abd bloating and PSA abnormal; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abd bloating and PSA abnormal; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd distension;Nausea, vomiting;early satiety; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd distension;Nausea, vomiting;early satiety; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abdominal distension, fm hx of prostate cancer, patient has blood in stool, doc is eval for hernia; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abdominal distension, fm hx of prostate cancer, patient has blood in stool, doc is eval for hernia; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abnormal venous Doppler ultrasound indicating lymphadenopathy and clinical correlation recommended.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abnormal venous Doppler ultrasound indicating lymphadenopathy and clinical correlation recommended.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Clinical Information;- GERD without esophagitis - K21.9, patient has had intermittent reflux symptoms and;heartburn associated with this//concerned about gallbladder disease and see further;discussion below//recommend over-the-counter Pepcid twice dail; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Clinical Information;- GERD without esophagitis - K21.9, patient has had intermittent reflux symptoms and;heartburn associated with this//concerned about gallbladder disease and see further;discussion below//recommend over-the-counter Pepcid twice dail; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Constitutional: Positive for unexpected weight change. Negative for appetite change, chills, fatigue and fever. ;HENT: Positive for mouth sores, sinus pressure and sinus pain. Negative for congestion, ear discharge, ear pain, facial swelling, nosebleeds;; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Constitutional: Positive for unexpected weight change. Negative for appetite change, chills, fatigue and fever. ;HENT: Positive for mouth sores, sinus pressure and sinus pain. Negative for congestion, ear discharge, ear pain, facial swelling, nosebleeds;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Discussed with the patient in long details and as per request. Knowing his longstanding history of peripheral vascular disease and coronary artery disease as well as valvular heart disease and by CT he did have a chronic dissecting aorta in the past 1 wo; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Discussed with the patient in long details and as per request. Knowing his longstanding history of peripheral vascular disease and coronary artery disease as well as valvular heart disease and by CT he did have a chronic dissecting aorta in the past I wo; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Diverticulitis of colon: ;Chief Complaint: Patient c/o insomnia after taking Metronidazole so she stopped the Metronidazole; patient's symptoms of diverticulitis have improved, but are still present. She had a episode of supposedly ischemic colitis a c; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Diverticulitis of colon: ;Chief Complaint: Patient c/o insomnia after taking Metronidazole so she stopped the Metronidazole; patient's symptoms of diverticulitis have improved, but are still present. She had a episode of supposedly ischemic colitis a 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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 12/27/2019; There has been treatment or conservative therapy.; pain; muscle relaxer medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Flank pain, stone disease suspected; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Flank pain, stone disease suspected; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	follow up exam for lung adenocarcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Got blood urine possible Ctno infection; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Got blood urine possible Ctno infection; 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 something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	He has lost some weight and reports his appetite is poor and he is having frequent nausea. Sometimes it seems to be postprandial, other times just random. He reports he has multiple BM's daily and denies constipation. Also having some epigastic discomf; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	He has lost some weight and reports his appetite is poor and he is having frequent nausea. Sometimes it seems to be postprandial, other times just random. He reports he has multiple BM's daily and denies constipation. Also having some epigastic discomf; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	History of Diverticulitis Right lower quadrant pain flank pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	History of Diverticulitis Right lower quadrant pain flank pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Kidney stone; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has generalized abdominal pain and history of thrombus in spleen.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has generalized abdominal pain and history of thrombus in spleen.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without	restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ruq abd pain, colitis; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ruq abd pain, colitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Suggestion of lesion in the inferior right hepatic lobe. Further;evaluation with multiphasic contrasted CT or MRI of the abdomen;recommended.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Suggestion of lesion in the inferior right hepatic lobe. Further;evaluation with multiphasic contrasted CT or MRI of the abdomen;recommended.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	SUSPECTED EDNOMETRIOSIS OR ADHESIONS SUGGEST WE RULE OUT OTHER CAUSES WITH CT ABD/PEL IF CT IS NEGATIVE NEXT STEP WITH BE DIAGNOSTIC LAPAROSCOPY WITH GYN IF PT PURSUES IT.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	SUSPECTED EDNOMETRIOSIS OR ADHESIONS SUGGEST WE RULE OUT OTHER CAUSES WITH CT ABD/PEL IF CT IS NEGATIVE NEXT STEP WITH BE DIAGNOSTIC LAPAROSCOPY WITH GYN IF PT PURSUES IT.; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	suspecting cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unkown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unkown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	We are going to get a CT of the abdomen and pelvis. We had ordered all that. We have also ordered lab work, which is not back yet, if the lab work is suggestive of the problems, we may need to pursue those. There is a chance we might even cancel CT of ; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	We are going to get a CT of the abdomen and pelvis. We had ordered all that. We have also ordered lab work, which is not back yet, if the lab work is suggestive of the problems, we may need to pursue those. There is a chance we might even cancel CT of ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	7 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	acoustic shadowing on mammo-MRI bilat breast recommended; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	architectural distortion on diagnostic mammo. breast mri recommended by radiologist. will upload clinicals to correspond w request.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Enter answer here - or Type In Unknown If No Info Given. The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/29/2020; There has not been any treatment or conservative therapy.; Chest pain, SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Primary hypertension (Chronic); His blood pressure is not at goal however he is not taking his medications correctly. I provided a list of his medications for him to go home with and specifically instructed him to take his Coreg twice daily as prescribe; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>fax the clinical; 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.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Murmur (heard RUSB, LUSB) present. Systolic murmur present with a grade of 2/6. Pharynx: Posterior oropharyngeal erythema present. No oropharyngeal exudate;Iliac artery stenosis, left 1996 stent Stroke; 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.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	She has had a few episodes of epigastric pain that wraps around to her back side and has associated shortness of breath. She had echocardiogram about 2 years ago which was stable with grade 1 diastolic dysfunction but has not had stress testing. She has; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider is NOT a Cardiac Surgeon, Cardiologist, Thoracic Surgeon or Hematologist/Oncologist; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	9 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	unknown; This study is being ordered for trauma or injury.; 01/27/2020; There has not been any treatment or conservative therapy.; speech difficulties, numbness, weakness, vision disturbance, chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	13 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	14	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	5	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Has been having some spells recently where she will start to feel like her vision is going black and then she will pass out. This happened twice this week already. She is also had an increase in her anxiety and panic feeling. She does not think that th; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 sudden and severe.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	MEMMORY LOSS PROGRESSING SLOWLY, FATIGUE, PREVIOUS TIA; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	neck 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Neuro deficit(s), subacute; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Paresthesia of skin - left facial numbness; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having ear pain been on antibiotics and pain medicine. Nothing is helping to easy the pain or headaches.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	worried about abnormal banging sound in head,; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	neck 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Chronic headache for about 1 month. Wakes him from sleep at times. Some nausea.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Chronic, intermittent headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	confusion, headache;She endorses confusion at times. Has had headaches; no fall;Neurological: Positive for dizziness, light-headedness and headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	still having HAs but he had never checked his bp while on meds. Constant feeling of pressure in head.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; sounds suspicious for a sliding hiatal hernia.; It is not known if there has been any treatment or conservative therapy.; Epigastric pain -;sounds suspicious for a sliding hiatal hernia. Need to do an UGI when he is symptomatic. He was not symptomatic at the time of his previous EGD. Check labs. But also will be getting CT of chest/abd/pelvis given the chronicity of his com; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest discomfort, former 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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of mediastinal widening.; There is not a known inflammatory disease.; There is not a known tumor.; There is known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Epigastric pain -;Will see if we can just get CT of the chest given his ongoing episodes of epigastric/chest pain.;Chest pain - ;Atypical. I still suspect GI source with possible hiatal hernia.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up and see whats going on, having a hard time breathing; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	neck 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	rule out hiatal hernia; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	C spine radiculopathy; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	In MVA 2014, numerous fractures, bedridden for a year, had cspine and back fractures. Found to have cervical ribs, told needed to be resected. ;MRI in 2018 showed multilevel disc disease in c spine. Has constant episodes of pain and numbness radiating; 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 not include exercise, prescription medication and follow-up office visits.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; hand presents with numbness and subjective weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	BACK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Requested Exam;Requested Exam: MRI L SPINE AND T SPINE W and w/o 72158,72157;Anticipated Date:03/06/2020;Reporting: routine;Signed STARK form;;(or valid exception noted in Additional Info);Additional Info;;Clinical Information;History / Dx:Lumbag; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient Care Team: ;Rheumatologist: Dr. Toy. ;patient here with lower back pain, also has thoracic back pain between the shoulder blades, has seen;Diemel in the past , numbness and tingling in the mid back, decreased rom, getting worse He has a previo; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Cyclobenzaprine;Gabapentin	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	BACK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back pain. has been worsening over a few weeks acutely. has some radiation down right leg some. messing with his work schedule some as well. has tried chiropractor that did not help. went to MQ and put on naproxen and flexeril which has not helped. tried ; 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. has been worsening over a few weeks acutely. has some radiation down right leg some. messing with his work schedule some as well. has tried chiropractor that did not help. went to MQ and put on naproxen and flexeril which has not helped. tried ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chief Complaints;;1. Spinal issues.;HPI: ;Patient Care Team: ;Rheumatologist: Dr. Toy. ;patient here with lower back pain, also has thoracic back pain between the shoulder blades, has seen;Diemel in the past , numbness and tingling in the mid back;; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; MANA HEALTH SERVICES PRECERTIFICATION REQUEST FORM;Patient Information;Name: ConnorOwens;DOB:03/18/1979;IDX #: ;ID: ;Home Phone: 479-381-1665;Work Phone: (479) 381-1665;Alt Phone;;Referring Provider Information;Referring Provider: HANNO; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left sided weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in leg and foot; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pt states that medication helped & denied relief of pain w/home exercises.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He awoke this am with severe pain and unable to sit up or put on clothes due to pain. Now pain down right side worse than left. His feet feel slightly numb and tingly. He took Gabapentin and Ibuprofen 400 mg prior to clinic visit. No loss of bowel or ; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; There is numbness in the legs. Now pain down right side worse than left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI from 2015 showed multi-level degenerative facet disease. Narrowing.; 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 difficulty lifting legs. Legs also go numb.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient suffers from chronic low back pain and Reports fatigue and tingling of leg;He is not a surgical candidate secondary to his severe cardiac disease; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested 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 cant walk very far and having a lot of pain not able to do much; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has left knee weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not Medically Necessary	; The ordering physician is not an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	hip joint and pelvic pain; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is NOT an evaluation of the pelvic gurdle, sacrum or the tail bone (coccyx).	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	patient comes in today for six-month followup. She also was involved in a motor vehicle accident on January 9 when she hit a deer and she has had some left-sided low back pain and left hip pain. Gait And Stance normal gait and stance. Motor Right: normal ; This study is being ordered for trauma or injury.; 01/22/2020; There has been treatment or conservative therapy.; ; cyclobenzaprine, meloxicam, naproxen,ibuprofen, tylenol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	rotator cuff injury, XR been completed, US completed.; The requested study is a Shoulder MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.; The study is not requested for shoulder pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder trauma, neurovasc/lig/tendon injury suspected; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/9/19; It is not known if there has been any treatment or conservative therapy.; pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/9/19; It is not known if there has been any treatment or conservative therapy.; pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Internal derangement of left knee pt has worsening pain with limited range of motion. pt slipped on a wet floor and twisted her knee 8 weeks ago. pt went to er. she was told she had a knee sprain. pt been wearing a knee brace most days. pt wanted a reeval; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; hip and back pain. mod and worsening. reports PT has not helped. mostly buttocks and radiates around to the front. occasional radiation down his legs as well; There has been treatment or conservative therapy.; hip and back pain. mod and worsening. reports PT has not helped. mostly buttocks and radiates around to the front. occasional radiation down his legs as well; hip and back pain. mod and worsening. reports PT has not helped. mostly buttocks and radiates around to the front. occasional radiation down his legs as well; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	US results were not definitive for treatment options; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; sounds suspicious for a sliding hiatal hernia.; It is not known if there has been any treatment or conservative therapy.; Epigastric pain -;sounds suspicious for a sliding hiatal hernia. Need to do an UGI when he is symptomatic. He was not symptomatic at the time of his previous EGD. Check labs. But also will be getting CT of chest/abd/pelvis given the chronicity of his com; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Complains of generalized abd pain, constipation and bloating for over 2 weeks. Pain does move to RLQ then LLQ but mostly center of abd.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Complains of generalized abd pain, constipation and bloating for over 2 weeks. Pain does move to RLQ then LLQ but mostly center of abd.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	GROSS HEMATURIA; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	GROSS 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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Mass palpitated under right side of rib cage. Tenderness.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Mass palpitated under right side of rib cage. 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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents with RLQ pain for more than 3 days.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents with RLQ pain for more than 3 days.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient suffers from Right Lower Quadrant Pain with Fever, Nausea and vomiting; suspect appendicitis; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient suffers from Right Lower Quadrant Pain with Fever, Nausea and vomiting; suspect appendicitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/29/2020; There has not been any treatment or conservative therapy.; Chest pain, SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Murmur: Patient states that she had it for years.Has hypertension.Has chronic anxiety. She is taking medication. It does help. But currently her anxiety is worse.;Has hypercholesterolemia; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient is establishing care with clinic. Patient reports that she has sick sinus syndrome, hypertension, and pacemaker. Provider is establishing baseline of cardiac function for continued care.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	6 mo f/u LDCT per rad report; lung rads 3; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Internal Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast		Yes, this is a request for CT Angiography of the brain.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	70498 Computed tomographic angiography, neck, with contrast		Yes, this is a request for CT Angiography of the Neck.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is being ordered as a 12 month annual follow up.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	71250 Computed tomography, thorax; without contrast material	RECTAL CANCER METASTASIZED TO LIVER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	CHRONIC THROMBOSIS OF SUPERIOR VEIN / BLOCKGAGE IN MAJOR ARTERY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; FACIAL SWELLING; INTERVENTION RADIOLOGY PROCEDURES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Fibroid uterus. Poorly defined endometrium. Bilateral ovarian;follicles. Physiologic volume of free fluid.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	will fax; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RECTAL CANCER METASTASIZED TO LIVER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; july 2017; There has been treatment or conservative therapy.; hbp, syncope, avm right thalamus, tachycardia; coil embolization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; july 2017; There has been treatment or conservative therapy.; hbp, syncope, avm right thalamus, tachycardia; coil embolization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	CHRONIC THROMBOSIS OF SUPERIOR VEIN / BLOCKGAGE IN MAJOR ARTERY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; FACIAL SWELLING; INTERVENTION RADIOLOGY PROCEDURES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Interventional Radiologists	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	74175 Computed tomographic angiography, abdomen, with contrast		Yes, this is a request for CT Angiography of the abdomen.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Clinicals attached; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Clinicals attached; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient has polycystic kidney disease; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient has polycystic kidney disease; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nephrology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		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.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	Pt coming for follow up after hospitalization for brain bleed; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	Pt coming for follow up of traumatic subdural hematoma; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast	Carotid or vertebral dissection suspected;vertebral dissection at C1; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Coming for follow up of vertebral artery dissection; This study is being ordered for Vascular Disease.; 11/17/2019; There has been treatment or conservative therapy.; left arm numbness and tingling, couldn't walk 'straight', Nausea and vomiting, headaches, fatigue; Pt was hospitalized and started on heparin drip. SNP was kept less than 140. Started on atorvastatin. Heparin drip was discontinued and she was started on Eliquis and aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given;1 yr f/u CTA for monitoring of left MCA bifurcation;; This study is 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. ;Unknown; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Headaches on side of patient head and is relieved w Advil; This study is 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 OR MORE; There has been treatment or conservative therapy.; Patient is having chronic headaches; Headaches on side of patient head and is relieved w Advil; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Visual changes and near syncope if patient looks up too far; This study is being 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.; If he looks up too far he loses his vision and feels as if he is about to blackout; Oxycodone, gabapentin, and steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	6	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast	Carotid or vertebral dissection suspected;vertebral dissection at C1; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Coming for follow up of vertebral artery dissection; This study is being ordered for Vascular Disease.; 11/17/2019; There has been treatment or conservative therapy.; left arm numbness and tingling, couldn't walk 'straight', Nausea and vomiting, headaches, fatigue; Pt was hospitalized and started on heparin drip. SNP was kept less than 140. Started on atorvastatin. Heparin drip was discontinued and she was started on Eliquis and aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given;1 yr f/u CTA for monitoring of left MCA bifurcation;; This study is 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. ;Unknown; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020 Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Headaches on side of patient head and is relieved w Advil; This study is 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 OR MORE; There has been treatment or conservative therapy.; Patient is having chronic headaches; Headaches on side of patient head and is relieved w Advil; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020 Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Visual changes and near syncope if patient looks up too far; This study is being 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.; If he looks up too far he loses his vision and feels as if he is about to blackout; Oxycodone, gabapentin, and steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography,	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	29 y/o male with complex pineal region cyst. I reviewed his recent MRI from 2/28/2018 and compared to previous MRIs dating back to 4/2016. There has been no change. I explained and showed the findings. Since there has been no growth over 2 years time it i; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	arachnoid cyst; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Has had problem since he was a child; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	hydrocephalus; This study is being ordered for Congenital Anomaly.; 01/02/2007; There has been treatment or conservative therapy.; headaches poor appetite; orthotics, NSAIDS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	I believe this patient is symptomatic from her Chiari 1 malformation with Valsalva headaches and dysphagia. The tongue weakness may be due to the Chiari as well particularly since the Chiari is more severe on the right side and his right tongue that appes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Ms. Gentry is a 28 year old woman who comes to the clinic for evaluation of neck pain and headaches. She goes to bed and wakes up with a headache everyday. Fast moving objects, rain, and flashes of light make her dizzy. There is no nausea with her dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	none; This study is being ordered for Congenital Anomaly.; 11/26/2019; There has been treatment or conservative therapy.; blurred vision, headaches, vertical diplopia.; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient had a lumbar puncture with a CSF withdraw.; 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 undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis); The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient known to our neurosurgery service with a pituitary lesion. This lesion was told to be a prolactinoma and she is on medications. She is being followed by the endocrinology team; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PRE-OP STUDY W/NAVIGATION TO REMOVE A MUCUS - CAUSING PAIN/SYMPOMS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She had a brain tumor and this is an annual for an eval.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus).	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	36 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unexplained weakness; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Weakness throughout extremities/dizziness/sharp pain in head; Steroids/pain medication/muscle relaxers/gabapentin/NSAIDs/Pain Mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	will fax; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Patient diagnosed with brain stem lesion/checking for site of metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Clinicals will be faxed.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; na; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medication, PT and Pain Management Tx; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	neck pain hands wrist, weakness; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Patient is also having MRI cervical spine; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The study is being ordered due to known or suspected infection or abscess.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; na; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medication, PT and Pain Management Tx; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Lumbar radiculopathy, lumbar stenosis neurogenic claudication, status post lumbar spinal fusion; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	13 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Motor strength decreased on exam in bilateral upper extremities.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ROM: Flexion: 30 tight Extension: 30 tight Lateral Flexion Right: 25 tight Left: 30 tight;;Weakness noted to bilateral ADMQI and APB;Weakness noted to right tricep;Tenderness to palpation in the upper to middle cervical spine, bilateral shoulders; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Deep Tendon Reflexes: Babinski sign absent on the right side. Babinski sign absent on the left side. ; Reflex Scores;; Tricep reflexes are 2+ on the right side and 2+ on the left side.; Bicep reflexes are 3+ on the right side and 3+ on the le	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is 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 an abnormal study demonstrating;;1) mild median mononeuropathies at the bilateral wrists (carpal tunnel syndrome);;2) very mild ulnar mononeuropathies, non-localizing, and;3) a very mild, chronic, stable-appearing, left C7 radiculopathy.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Gait abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient complains of weakness in hands.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; severe weakness, numbness, loss of use of arms, myelomalacia, myelopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; Obtain an entire spine MRI at that time to evaluate for syringomyelia and/or tethered cord.; It is not known if there has been any treatment or conservative therapy.; I believe this patient is symptomatic from her Chiari 1 malformation with Valsalva headaches and dysphagia. The tongue weakness may be due to the Chiari as well particularly since the Chiari is more severe on the right side and his right tongue that appes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	A/P: 20 y.o. F with Chiari I malformation. MRI C/T spine without contrast to assess for syrinx formation. History of migraines, episodic dizziness, endometriosis, abdominal pain, significant 2 year weight gain who was referred to the neurosurgery clinic a; This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Clinicals attached.; This is a request for cervical spine MRI; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	CT of the cervical spine is consistent with diffuse idiopathic spinal hyperostosis or DISH. She tells me that she has been having difficulty swallowing for several months with recent worsening. She constantly feels like she has a lump in her throat and ha; 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.; she is hyperreflexive and has a positive Hoffmann on the left consistent with cervical myelopathy.	1 2020 Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	DUE TO RECENT FALLS, DR WANTS TO MAKE SURE THE PT DOES NOT HAVE ADJACENT LEVEL ISSUES; This study is being ordered for trauma or injury.; 08/20/2019 TLIF DONE; There has been treatment or conservative therapy.; PT HAS HAD EXTENSIVE HOME DIRECTED PT, IS BETTER SINCE THE SURGERY BUT STILL HAS UNSTEADY GAIT, WEAKNESS IN LOWER. EXTREMITIES. MULTIPLE FALLS. ;DR WANTS TO RULE OUT ADJACENT LEVEL ISSUE.;X-RAY OF L SPINE HARDWARE IS IN PLACE; HOME HEALTH NURSE HOME EXERCISES, ;TAKES MEDICATION, LIFESTYLE MODIFICATION, ICE & HEAT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020 Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; low back and right leg pain from motorcycle accident a few years ago. had injections.; PT, steroids, anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Has had problem since he was a child; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 11/2019; There has been treatment or conservative therapy.; muscle weaknessback pain; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	hydrocephalus; This study is being ordered for Congenital Anomaly.; 01/02/2007; There has been treatment or conservative therapy.; headaches poor appetite; orthotics, NSAIDS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Lower extremity weakness, positive straight leg raise on the left, worse after injections, decreased range of motion, mri older than 6 months, PT did not help, patient has taken anti inflammatory, R/O tumor in cervical spine because symptoms go all the ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	neck arm painworse from 10/2019-presentfrom shoulder to right arm to hand with hand numbnessphysical therapy can make pain worse; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; reduced muscle strength 4/5 right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	neck pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	No findings to explain symptoms; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; Numbness comes and goes as well as weakness.; Soma and pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	pain and paresthesia , decrease rom; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pt with chronic neck pain and more recent radicular pain in the RUE as described above. This seems to occur in a C6 as well as C7 distribution. She now is experiencing more RUE weakness as well as numbness in both hands. She has not had any recent c-spine; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt with chronic neck pain and more recent radicular pain in the RUE as described above. This seems to occur in a C6 as well as C7 distribution. She now is experiencing more RUE weakness as well as numbness in both hands. She has not had any recent c-spine; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This 36 year old male presents with mid back pain and bilateral leg numbness s/p TESI at T3/4 on 2/3/2020. He reported no relief from this injection and claims that his pain has worsened since. This is unfortunate as the prior epidural injection had giv; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unexplained weakness; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Weakness throughout extremities/dizziness/sharp pain in head; Steroids/pain medication/muscle relaxers/gabapentin/NSAIDs/Pain Mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This is a request for a thoracic spine MRI.; 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.; Hyperreflexia, Gait Abnormality; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for a neurological disorder.; Obtain an entire spine MRI at that time to evaluate for syringomyelia and/or tethered cord.; It is not known if there has been any treatment or conservative therapy.; I believe this patient is symptomatic from her Chiari 1 malformation with Valsalva headaches and dysphagia. The tongue weakness may be due to the Chiari as well particularly since the Chiari is more severe on the right side and his right tongue that apppe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	A/P: 20 y.o. F with Chiari I malformation. MRI C/T spine without contrast to assess for syrinx formation.; HPI: Brianna Blair is a 20 y.o. woman with a history of migraines, episodic dizziness, endometriosis, abdominal pain, significant 2 year weight gai; This is a request for a thoracic spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Complaining of numbness in both hands; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/30/2019; There has been treatment or conservative therapy.; Tinging numbness, back and neck pain radiating down lower extremities bilateral.; Meds.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	DUE TO RECENT FALLS, DR WANTS TO MAKE SURE THE PT DOES NOT HAVE ADJACENT LEVEL ISSUES; This study is being ordered for trauma or injury.; 08/20/2019 TLIF DONE; There has been treatment or conservative therapy.; PT HAS HAD EXTENSIVE HOME DIRECTED PT, IS BETTER SINCE THE SURGERY BUT STILL HAS UNSTEADY GAIT, WEAKNESS IN LOWER. EXTREMITIES. MULTIPLE FALLS. ;DR WANTS TO RULE OUT ADJACENT LEVEL ISSUE.;X-RAY OF L SPINE HARDWARE IS IN PLACE; HOME HEALTH NURSE HOME EXERCISES, ;TAKES MEDICATION, LIFESTYLE MODIFICATION, ICE & HEAT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Has had problem since he was a child; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 11/2019; There has been treatment or conservative therapy.; muscle weaknessback pain; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	hydrocephalus; This study is being ordered for Congenital Anomaly.; 01/02/2007; There has been treatment or conservative therapy.; headaches poor appetite; orthotics, NSAIDS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Imbalance, numbness and tingling of both lower extremities, thoracic spine 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; Hyperreflexia; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There is concern for cord swelling at T10 T11; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; motor strength in the lower extremities 4+/5 and fairly symmetrical bilaterally, gait appears to be affected by back pain and bilateral LE pain but stable-appearing from last visit, sensation symmetrical in dermatomes tested in the lower extremities today ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Thoracic Spine MRI was not performed within the past two weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	unknown; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DoMuscle/Joint/Bone: weakness in the hips, weakness in the back , weakness in the feet, weakness in the neck and weakness in the shoulders. cument exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; February 24, 2020 patient now 1 year status post lumbar hemilaminotomy for right leg pain now with progressive low back pain.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Her pain to lower back is like a catch and burning down posterior LLE 7/10. On her lower back and BLE exam she has weakness to LLE. With decreased pinprick to left C7, left L4,L5,S1, decreased vibration to bilateral patella; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Long history of back and bilateral leg pain worse on the right than the left describes a classic L5 radiculopathy. She describes Klippel-Feil anomaly in the cervical spine and possibly subtle evidence of Ehlers Danlos. We checked out on lumbar bracing.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient with recurring difficulties progressive difficulty over the past several months he has been going maintenance. Noted to have Bertolotti phenomenon on the left. Pain left low back. Question L5-L6 discopathy versus the Bertolotti phenomenon on the l; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weak heel walk bilaterally;;Patient has an S shaped curvature extending from the lower cervical through the lumbar spine. Significant degenerative changes noted in the cervical spine as well. Patient has gone through extensive conservative therapy for 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.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness noted to left hamstring and left dorsiflexion;Tenderness to palpation in the middle to lower thoracic spine, lower lumbar spine, left lower lumbar, and left SI joint.;Muscle spasms noted in left lower lumbar.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; 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.; Deep Tendon Reflexes;;BicepsRight 2+Left 2+;TricepsRight 2+Left 2+ ;BrachioradialisRight 2+Left 2+;Knee JerksRight 0Left 0;Ankle JerksRight 0Left 0;Pathologic Reflexes:	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for a neurological disorder.; Obtain an entire spine MRI at that time to evaluate for syringomyelia and/or tethered cord.; It is not known if there has been any treatment or conservative therapy.; I believe this patient is symptomatic from her Chiari 1 malformation with Valsalva headaches and dysphagia. The tongue weakness may be due to the Chiari as well particularly since the Chiari is more severe on the right side and his right tongue that apppe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	cerebral spinal leakpost operative; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Chronic low back pain with right foot numbness and;right 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.; Right-sided numbness and weakness;;Right EHL: Strength: 4- Left EHL: Strength: 5/5, normal muscle tone.;;Right Plantar Flexion: Strength: 4-; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Complaining of numbness in both hands; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/30/2019; There has been treatment or conservative therapy.; Tinging numbness, back and neck pain radiating down lower extremities bilateral.; Meds.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	complaint of R posterior hip/buttocks pain that radiates to the thigh x 3 weeks with no known inciting event. This has most notably impaired his sleep.;He was last seen 11/20/19 with low back pain, radiating down the leg (my note says left, but today he ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He does have some weakness of EHL and ankle dorsiflexion on the right side.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; 4 out of 5 knee extension on the left	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam finding mild weakness of ankels.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; low back and right leg pain from motorcycle accident a few years ago. had injections.; PT, steroids, anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Has had problem since he was a child; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>He states that his back pain radiates diffusely down both legs to his toes. The back pain is more bothersome than the leg pain. He complains of numbness and tingling throughout both legs. He states he has slight weakness in his legs. He states the back pa; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	hydrocephalus; This study is being ordered for Congenital Anomaly.; 01/02/2007; There has been treatment or conservative therapy.; headaches poor appetite; orthotics, NSAIDS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Imaging needed to assess additional treatment needed.; 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.; Numbness, tingling, weakness in upper and lower extremities, lower extremity weakness is getting worse. Deep tendon reflexes hyperactive, few beats of clonus noted bilateral, Hoffmann sign is active bilaterally. Paraspinous muscle spasm bilaterally. Sensory	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Last MRI was over 6 months ago needing updated MRI before the surgeon will do surgery.; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Lower extremity weakness, positive straight leg raise on the left, worse after injections, decreased range of motion, mri older than 6 months, PT did not help, patient has taken anti inflammatory, R/O tumor in cervical spine because symptoms go all the ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Lumbar radiculopathy, lumbar stenosis neurogenic claudication, status post lumbar spinal fusion; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Mr. Williams returns to the clinic with complaints of sharp, aching pain in the low back (typically when leaning forward) and numbness in both feet (specifically in the last four toes of the right foot and all five digits of the left foot).; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for weakness (RLE) and numbness (bilateral numbness in feet).; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	none; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient reflexes 1+ tricep and bicep on both sides tingling and numbness aggravating sitting standing leg pain PT, injections, 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.; There is weakness.; weakness that was found. decrease ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient reported at 1/22/2020 visit that the numbness and tingling has worsened. On exam she has 4/5 motor strength in her bilateral lower extremities. Her gait was being affected by the low back and bilateral lower extremity pain. Her gait appeared worse; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	prior back surgery and is now having new neurological systems; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Scoliotic curvature convex to the left. Degenerative changes primarily noted at L4-L5. Atherosclerosis noted in the abdominal aorta.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	severe back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	20 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	13 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The last Lumbar Spine MRI was performed more than 10 months ago.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This 37 year old male presents with low back pain. He denies any radicular pain. He complains of numbness that extends from left axilla to the lower abdomen that he says started after his second surgery. He states the pain began in March 2019 after a MVA.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This is for a post operative evaluation after the 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.; 10-22-2019; There has been treatment or conservative therapy.; Patient has an aneurysm, paresthesia in both arms, worse in the left than right. Paresthesia in lower extremities, off balance. Hyperrelax in knee 3 plus.; Patient had surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	will fax; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	TO FOLLOW UP AFTER A ABNORMAL EMG/NCV TEST AND LUMBAR MRI.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient diagnosed with brain stem lesion/checking for site of metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	eval for NPH; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	He underwent left parietal craniotomy with evacuation of subdural hematoma on 6/24/19 and right suboccipital craniotomy and resection of infarcted cerebellar hemisphere on 7/3/19 by Dr. Tuck.; He continues to have dizziness and reports that he experience; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	TIA symptoms; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Congenital Anomaly.; 11/26/2019; There has been treatment or conservative therapy.; blurred vision, headaches, vertical diplopia.; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	Brain lesion and seizures.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Diane Debeor is a 61RHF with a history of inflammatory breast cancer s/p chemotherapy with three agents, who presents for follow up of memory loss and word finding difficulty. Her testing is consistent with MCI, with amnesic domain deficits only. I would; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	No findings to explain symptoms; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; Numbness comes and goes as well as weakness.; Soma and pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Congenital Anomaly.; 01/13/2014; There has been treatment or conservative therapy.; headache nasuea; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Caller wants to bypass clinicals and submit; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	had cervical surgery, had MRI one jan. needs a CT to see deeper, needs to see nerves.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; requested EMG report from performing physician	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness, numbness, radicular pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Been under pain management is taken nonsteroidals muscle relaxers has had 2 months of physical therapy without any improvement; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Motor exam both upper extremities are 2+/5 with restricted range of motion both upper extremities.;Neck extension and rotation restricted due to pain;cument exam findings; also residual weakness and numbness that may not improve; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; 1 out of 4 upper extremities	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; interventive muscles on the left hand, and ulnar nerve at the left media eticondyle; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 1-7-2020; There has been treatment or conservative therapy.; back & neck pain, swelling, weakness numbness , h/a's tenderness, visual disturbance, hearing loss.; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	increased numbness over the left arm, it involves most of the arm distal to the elbow. numbness and tingling in fingers; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left hand weaker than right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Jon Christopher Gambill is an 48 y.o. year old male;that presents with right hand pain and left hand pain along with numbness and tingling. It was caused by no known etiology and began around 2017. He relates the left hand pain and numbness/tingling to p; 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.; Neurologic Problem ;The patient's primary symptoms include focal sensory loss and weakness. The patient's pertinent negatives include no altered mental status, clumsiness, focal weakness, loss of balance, memory loss, near-syncope, slurred speech, syncope; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>MRI c spine without contrast including craniocervical junction to query cause of neck pain as well as headaches, query chiari malformation given abnormal gag reflex; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	ongoing neck pain and left shoulder and upper extremity symptoms.months of progressive severe neck pain which he states radiates into her left shoulder. The pain also radiates in the into the upper thoracic spine across the left scapular region. She sta; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Extremity exam reveals pain related weakness and reduced motor strength to all muscle groups in the left upper extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reports his pain today at a 8-9/10 in his neck. He states this has been a constant pressure for the last month and this radiates into his left shoulder and midway down left arm. He feels like he has a vice on his left bicep/tricep constantly and i; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness noted to left ADMQI and APB 4.5/5;Weakness left tricep; wrist flexors and extensors 4/5;Weakness noted to right deltoid 4.5/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 30 year old male presents with neck pain. He also has interscapular pain. He has radiating bilateral arm tingling and mild pain, left worse than right. His pain began in March 2017. He is having bilateral numbness and weakness to his arm; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a recurrent problem. The current episode started more than 1 month ago. The problem occurs constantly. The problem is unchanged. The pain is present in the sacro-iliac. The quality of the pain is described as aching. The pain radiates to the left ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness (left wrist extensor, left hand grip); The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is for a post operative evaluation after the 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.; 10-22-2019; There has been treatment or conservative therapy.; Patient has an aneurysm, paresthesia in both arms, worse in the left than right. Paresthesia in lower extremities, off balance. Hyperrelaxic in knee 3 plus.; Patient had surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Congenital Anomaly.; 01/13/2014; There has been treatment or conservative therapy.; headache nasuea; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is 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 months; There has been treatment or conservative therapy.; Headaches/neck pain/midback pain/numbness; Gabapentin/ Norco/Oxycodone and tizanidine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	r/o nerve root compression; This study is being ordered for Congenital Anomaly.; birth; There has been treatment or conservative therapy.; Weakness in BLE, thoracic and LBP, aggravated by any movement, numbness, tingling, sharp pain.; Pain meds, PT, Steroids, NSAIDS, MRI in 2017.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Congenital Anomaly.; 01/13/2014; There has been treatment or conservative therapy.; headache nasuea; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-9 months; There has been treatment or conservative therapy.; Headaches/neck pain/midback pain/numbness; Gabapentin/ Norco/Oxycodone and tizanidine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of 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;;BicepsRight 2+Left 2+;TricepsRight 2+Left 2+;BrachioradialisRight 2+Left 2+;Knee JerksRight 0Left 0;Ankle JerksRight 0Left 0	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LOW BACK PAIN WITH RADICULOPATHY PAIN, DISCITIS OF LUMBAR SPINE, LEFT LEG WEAKNESS, LUMBAR SPONDYLOSIS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has weakness documented in the legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Scoliotic curvature convex to the left with significant pelvic tilt left-side-down. Degenerative changes primarily noted from L4-S1 with previous history of annular tears.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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.; Flexeril	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Bulge of lumbar disc without myelopathy, chronic left side low back pain with left side sciatica, s/p lumbar discectomy, sciatica of left side; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	DDD (degenerative disc disease), lumbar; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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.; steroid injection & home exercise	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Document exam findings>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient fell, abnormality as well; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 1-7-2020; There has been treatment or conservative therapy.; back & neck pain, swelling, weakness numbness , h/a's tenderness, visual disturbance, hearing loss.; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He has been having restless legs at night that has been going on for about 2 years. He has a numbness and pain in his right buttocks that radiates down the posterior right leg that has also been present during this time. He feels like his lower back at hi; The study 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.; Tricep reflexes are 1+ on the right side and 1+ on the left side.; Bicep reflexes are 1+ on the right side and 1+ on the left side.; Brachioradialis reflexes are 1+ on the right side and 1+ on the left side.; Patellar reflexes are 1+ on the	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain and pain in legs; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain in back and down the back of right leg with burning and stinging.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Physical therapy does 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.; Pain in hip, dry therapy, pain medication; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt being referred for neurosurgeon evaluation for severe back pain unresponsive to meds or tens unit. request for review to evaluate for lesi or sx; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	r/o nerve root compression; This study is being ordered for Congenital Anomaly.; birth; There has been treatment or conservative therapy.; Weakness in BLE, thoracic and LBP, aggravated by any movement, numbness, tingling, sharp pain.; Pain meds, PT, Steroids, NSAIDS, MRI in 2017.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; right leg and foot	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Congenital Anomaly.; 01/13/2014; There has been treatment or conservative therapy.; headache nasuea; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower	Radiology Services Denied Not Medically Necessary	; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	76390 Magnetic resonance	Radiology Services Denied Not Medically Necessary	This is a request for MRS.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	requesting a lumbrosacral plexus MRI w/wo contrast due to abnormal emg/ncv test.;;Per EMG/NCV test, Diabetic amyotrophy or a lumbar plexopathy are possible.;;requesting MRI for further review.; Requestor has decided to proceed with the unlisted code.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurological Surgery	Disapproval	S8042 MAGNETIC RESONANCE IMAGING LOW-FIELD	Radiology Services Denied Not Medically Necessary	Ms. Carol has improved significantly from her cervical symptoms. She now has no numbness or pain in her arm and less she bends her neck to the side on the right. She has better range of motion in her neck and she is resting comfortably at night so I thi; This is a request for a low field strength MRI	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	In10/19 for epilepsy;reports head trauma at work followed by gtc 2 months ago;2 days ago had 3 episodes of left hand jerking, head shaking ,unable to talk; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	Patient recently had a Cranioplasty and the CT is for a post operative evaluation.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	Unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	h/o encephalocele repair now with increasing swelling at the scar sight since MVC; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	cardiac work-up done and she has a history of mitral valve prolapse and recent echo showed a mild leaky valve but was not concerning. She also had a Holter monitor for about 7 days and she was told there was slight tachycardia before her passing out spell; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	none.; This study is being ordered for a neurological disorder.; 10/12/2019; There has been treatment or conservative therapy.; Weakness, numbness in LUE. Pt. had a right pontine stroke, rt. vertebral dissection.; ST , PT, OT, aspirin, plavix; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and	Patient has denied any numbness, tingling or muscle spasms in his neck. Patient has reported of having started dizziness in 2017 which led to passing out episode with vertigo as well as vomitings. The symptoms were warts when he was driving and have been ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Patient is having chronic daily migraines and has a history of kawasaki disease but never seen a neurologist for it before. She has had head tramas in the past and we are needing to evaluate for any new or recent stroke since the patient is having signs o; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	9	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	none.; This study is being ordered for a neurological disorder.; 10/12/2019; There has been treatment or conservative therapy.; Weakness, numbness in LUE. Pt. had a right pontine stroke, rt. vertebral dissection.; ST , PT, OT, aspirin, plavix; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and	Patient has denied any numbness, tingling or muscle spasms in his neck. Patient has reported of having started dizziness in 2017 which led to passing out episode with vertigo as well as vomitings. The symptoms were warts when he was driving and have been ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Patient is having chronic daily migraines and has a history of kawasaki disease but never seen a neurologist for it before. She has had head tramas in the past and we are needing to evaluate for any new or recent stroke since the patient is having signs o; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging,	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	h/o stroke with residual left sided weakness/numbness. Rule out stenosis/aneurysm; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	patient is falling more frequently. last fall was about 2 weeks ago. When she walks her balance is off and walks to the left.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70544 Magnetic resonance angiography,	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	to check venous outflow; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	21 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	22 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	. His left sided peripheral vision was problematic then Over 3 years ago he started having brain fog and migraines.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1. Spinal issues. HPI: Patient Care Team: Rheumatologist: Dr. Toy. patient here with lower back pain, also has thoracic back pain between the shoulder blades, has seen Diemel in the past ;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	72-year-old gentleman with memory loss. He tests in a dementia range. They report acute onset. I would like to explore this with an MRI of the brain with and without contrast. Started back on his fluoxetine 20. Start Aricept.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	chronic migraines, syncope & collapse; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; episodes of loss of consciousness/falls & headaches; sustained release Calan 120 mg daily.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	dr needs to rule out TIA and vascular disease; This study is being ordered for Vascular Disease.; 2017 for the CABG due to CAD; There has been treatment or conservative therapy.; dizziness, tremors, forgetfulness; pt is taking aspirin, statins, carvedilol, chlorthalidone, lisinopril; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 12/29/2019; There has been treatment or conservative therapy.; hard time walking with pain , dragging of the right leg, pain of left arm and shoulder, neck pain; ocrevus.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	evaluation of facial numbness She describes numbness and tingling sensation in her hands and feet as well as her lips and lower face that occurs episodically; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	having more and worsening symptoms such as problems walking and cognitive, also eyesight really blurry, all over pain, esp legs and hips and ankles, using a cane, dizzy and black out; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	He gets unsteady and feels like he is going to fall. Suddenly comes on. He does have some warning though he has some difficulty describing. He can usually pull his car off to the side. No triggers.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	He has been treated with Relpax, sumatriptan, duloxetine, metoprolol, and topiramate without much benefit. I have asked that he taper from the topiramate since fortunately the headaches are doing a bit better at this time. I am hopeful that his cognitiv; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	He has had headaches off and on for about a year though it has been more consistent over the past 6 months or so. He gets a daily frontal pain from the vertex forward bilaterally. He describes it as a pressure. Sometimes sharper pain around the right o; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Headache, chronic, neuro deficit;;Intractable migraine with aura without status migrainosus; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Headaches, history of Bell's palsy; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	I am going to get a MRI of his brain to look at the level of white matter disease that is present.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	increased confusion, need to rule out previous stroke.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	increased memory loss; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Mr.Gaston is a 37 year old male who presents to the neurology clinic for evaluation of neuropathy. He reports onset of symptoms was approximately 3 years ago and have been progressively worsening since that time. He describes initially a sensation from ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MRI brain and entire spine without contrast to assess for any structural causes that could explain patient's clinical presentation. He would need sedation. Family will be called for the appointment. Advised the family to call us a day of 2 after the MR; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MRI is for pre-op evaluation for a Deep Brain Stimulator; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Ms.Guerin is a 57-year-old female who presents to the neurology clinic for evaluation of jaw winking syndrome. She reports that approximately 3 years ago she started developing episodes where she would feel as though her eyes were crossing and that she w; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient got a neuropsych test done and diagnosed with very major neurocognitive disorders. We are ordering these tests to get a better look at what is doing on and further diagnose the patient.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has denied any numbness, tingling or muscle spasms in his neck. Patient has reported of having started dizziness in 2017 which led to passing out episode with vertigo as well as vomitings. The symptoms were warts when he was driving and have been ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has increasing memory loss and unsteady gait.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PATIENT IS A 6 MONTH FOLLOW-UP, NEW SYMPTOMS AS OF JANUARY, 2020; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is having chronic daily headaches with dizziness and weakness and very nauseated with them; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is having chronic daily migraines and has a history of kawasaki disease but never seen a neurologist for it before. She has had head tramas in the past and we are needing to evaluate for any new or recent stroke since the patient is having signs o; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is having chronic migraines 4-5 times weekly with about 15-20 a month. the length of the headaches are hours with very sharp pain with aura that is causing problems with her vision. She has also tried and failed many medication with little to no h; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient memory is deteroiating and we are wanting to further evaluate for possible Dementia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient presents to clinic today with complaints of memory loss forgetfulness. Symptoms been ongoing now for several years gotten worse over the last year or so by her estimation. He has a longstanding history of bipolar disorder, personality disorder, ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient with increasing headache, eye exam revealing papilledema with concern for BIH; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	pt has numbness and right arm weakness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PT is having headaches and dizziness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Review of records from referring provider indicates a history of "ministroke" during a past pregnancy.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	right sided numbness/weakness. However, I would like to rule out demyelinating etiology; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	See attached clinical information.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She also reports having some imbalance at times. She has a service dog that she uses for counter balance. She feels like her hand eye coordination is decreased. She has also had times of squeezing pain in her abdomen. When she gets overactive she has ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She describes upright instability without frank vertigo or oscillopsia. Worsening conditions of visual suppression and aggravated by rapid acceleration such as turning quickly stooping bending etc. Simply sitting in a chair or lying in bed she feels fin; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She is currently having headaches at least 3 days a week lasting 24 hours. She tells me that the headaches usually start unilateral and then radiate to the occipital head region and upper neck. She describes them as an intense pain as well as feeling so; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She reports onset of symptoms was approximately 10 years ago and they have been progressively worsening. She tells me that they had significantly rapid progression around the year 2016-2017. She tells me that it started with just numbness in her toes, b; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She tells me that they are usually frontal in location and then radiate around her head like a band and then down her neck. She sometimes has migraines that are situated behind either eye. They are occurring at least every other day and vary in severity; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The patient will be scheduled for a brain MRI scan. I want to make sure that the patient did not suffer a small perioperative stroke. I also want to make sure that he does not have a demyelinating illness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The speech issues she was having has resolved since her last visit. She reports she is still having a migraine about 2 times a week. She will have a severe headache with paresthesia on one side. She had it happen on both sides separately; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	27 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have 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.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is being ordered as a 12 month annual follow up.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	14 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; The patient is taking Tysabri (Natalizumab).	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	10 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new patient to this office.	6 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	44	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.; This is a new patient.	5	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; 10/2018; There has not been any treatment or conservative therapy.; migraines, dizziness, numbness in the extremities, urinary incontinence, nausea and vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	TIA versus seizure, memory loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Toe-walking;;Spasticity/dystonia seems least likely, getting brain MRI.;He could have a sensory integration problem and I would recommend OT is casting does not work.;Serial casting should correct any tightness element.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This study is being ordered for a neurological disorder.; 04/01/2003; There has been treatment or conservative therapy.; unknown; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2015; There has been treatment or conservative therapy.; Difficulty w/ balance; dizziness; headaches and numbness; generalize weakness; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Will FAX Clinical; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include dizziness.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	with light noise intolerance nausea activity aggravation and can last up to a day. Other times she will have pressure headaches. She has grinding of her teeth that is been noticed by the daughter-in-law when she gets a bad headache and she does wake up ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Worsening aphasia, pineal cyst followup, white matter 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.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	worsening headaches and memory loss. On January 29, 2020 she was involved in an altercation and was struck on her left side of forehead and right side of the back of her head. The patient had brief LOC for about a few seconds.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	worsening headaches, new tremors; 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; ongoing; There has not been any treatment or conservative therapy.; Will FAX; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	71250 Computed tomography, thorax; without contrast material	Myasthenia gravis , had a previous ct test it was abnormal , shows perivascular mass or an large thymoma; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	neuro surgical evaluation was requested to evaluate a C2 C2 pars fracture and an L1 compression (10%)racture. No neurosurgical / spine intervention was recommended. She was treated with an external orthotic device. She states she has muscle spasm on occ; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a reason why the patient cannot have a Cervical Spine MRI.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	will fax it; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The study is being ordered due to known or suspected infection or abscess.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; 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.; It is not known if there is x-ray evidence of a recent cervical spine fracture.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	; This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.;; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has been treatment or conservative therapy.;; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>.;1. Numbness - R20.0 (Primary), Consider recurrent carpal tunnel, other entrapment;neuropathy, radic, etc. Also;consider effects of her stroke, although she says the nmbns is a new issue. Consider a new;stroke. Check EMG. If;no answer, consider new ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Chief Complaints;;1. NUMB/TINGLING RT UPPER.;HPI;;Constitutional;;DM Woman c h/o B carpal tunnel releases many y/a. Hands did great at the time.;Also h/o stroke 1/'19, affecting her R side. Sx were blurry vision and loss of R hand control;;c aphasia; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>Cervical spondylosis, Cervical discogenic disorder.; 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.; Strength: 5/5 all, except, right and left hand grip 4/5, 4/5, strength respectively.; Sensory examination: Mildly decreased appreciation pinprick in both upper extremities.; Reflexes 1+ all. Long track signs absent. Johann Hoffmann's signs: Absent ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	chronic migraines, syncope & collape; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; episodes of loss of consciousness/falls & headaches; sustained release Calan 120 mg daily.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; upper and lower extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; 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.; upper in lower extremities, right knee	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; MOTOR DEFICIT.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 12/29/2019; There has been treatment or conservative therapy.; hard time walking with pain , dragging of the right leg, pain of left arm and shoulder, neck pain; ocrevus.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; The loosing balance, gait difficulty, fingers on bilateral hands turning blue.; The Pt is taking medication therapy, Pt, HEP.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>follow up for balance gait and falls; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient was last seen and was felt she had a multifactorial gait disorder. At the time she was having significant orthostatic hypotension dropping 51 point systolic without compensatory increase in heart rate. Suggested possible dysautonomia secunda; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020 Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>for evaluation due to a history of concussion his main complaint today is related to ongoing neck pain and he wants to know if there is any definitive surgery that can be done to fix this problem. He tells me that he continues to have severe neck pain esp; 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 complains of feeling weakness in his left upper extremity to the point where he is unable to open a bottle or jar with his left hand. He also has numbness in the left hand mainly in the thumb region.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020 Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Ms. Van Brunt is a 73-year-old female who presents to the neurology clinic for evaluation of tingling of her left arm.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; the grip on her left hand is reduced; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	no; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; in upper and lower extremities weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	none; This study is being ordered for a neurological disorder.; 12/03/2019; There has been treatment or conservative therapy.; Low back pain, upper extremity pain .; Pt taking pain medication/muscle relaxer, Physical, therapist/home therapy from MD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has denied any numbness, tingling or muscle spasms in his neck. Patient has reported of having started dizziness in 2017 which led to passing out episode with vertigo as well as vomitings. The symptoms were warts when he was driving and have been ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	pt has gait disorder. pt had mri brain it was normal. pt has numbness in arms and legs. mri c spine needed to rule out tumors, ms, or any abnormalities in the c spine that have not been seen from the brain.; This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Questionable abnormality thoracic MRI I think it is reasonable to make sure that we are not dealing with a myelopathy that is affecting his gait he has had a lumbar MRI which show some mild degenerative disc disease and some concern of metastatic disease ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The spasms are so severe her toes will curl up under her feet. Even the arches of her feet will spasm. She has spasms in her lower legs and upper thighs. Denies every having any spasms in her abdomen. She also describes a crawling sensation in her legs. ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	7	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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.; GABAPENTIN	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	15 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for a neurological disorder.; 10/2018; There has not been any treatment or conservative therapy.; migraines, dizziness, numbness in the extremities, urinary incontinence, nausea and vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; This study is being ordered for a neurological disorder.; 04/01/2003; There has been treatment or conservative therapy.; unknown; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; This study is being ordered for a neurological disorder.; 05/31/2018; There has been treatment or conservative therapy.; Right sided numbness involving arm and leg. Incoordination of right arm and gait imbalance. Right sided facial numbness. Chronic fatigue.; Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; This study is being ordered for 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.; Difficulty w/ balance; dizziness; headaches and numbness; generalize weakness; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	back pain and weakness and tingling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; FATIGUE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 12/29/2019; There has been treatment or conservative therapy.; hard time walking with pain , dragging of the right leg, pain of left arm and shoulder, neck pain; ocrevus,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	pt is having thoracic back 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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Questionable abnormality thoracic MRI I think it is reasonable to make sure that we are not dealing with a myelopathy that is affecting his gait he has had a lumbar MRI which show some mild degenerative disc disease and some concern of metastatic disease ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for a neurological disorder.; 10/2018; There has not been any treatment or conservative therapy.; migraines, dizziness, numbness in the extremities, urinary incontinence, nausea and vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	unknown; This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	We did get a lumbar MRI and I reviewed the images-only mild discogenic changes seen. Radiologist felt there may be impingement on the left L3 nerve root but this is not the correct myotome to explain her symptoms.; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg weakness. Also with numbness in left upper limb. Leg weakness persist today-left knee flexor graded about 4.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	back pain and weakness and tingling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Low back pain and his 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.; frequent falls weakness in lower extremity he be comes off balance easily; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	none; This study is being ordered for a neurological disorder.; 12/03/2019; There has been treatment or conservative therapy.; Low back pain, upper extremity pain .; Pt taking pain medication/muscle relaxer, Physical, therapist/home therapy from MD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pain from left lower back down left leg. His left leg has numbness/tingling down lateral aspect and bottom of the foot 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Reports chronic lower back pain which is worsening; described as a "knot" and w/out radiation; relieved with placing pillows underneath; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	right side lower back pain that radiates to her butt and legs. PT has degenerative disc space narrowing in L4 and L5; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; 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.	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; Surgery is planned for within 30 days.; The study is being ordered for a pre op.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; ongoing; There has not been any treatment or conservative therapy.; Will FAX; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, 78451	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Patient can't walk 2 flights without stopping; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Dementia, Alzheimer's suspected ;Mixed dementia profile with FTD/parkinsonism; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic	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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Approval	S8042 MAGNETIC RESONANCE	; This is a request for a low field strength MRI	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary ; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	history of anxiety, depression, fibromyalgia, physical abuse(abuse by parents) comes here for evaluation and treatment of headaches. She is unaccompanied.;For the last 2 months she has been having very bad headaches. Bilateral, throbbing, 6-7/10 in sev; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	pain in the eyes, visual changes, and sensitivity to light (photophobia).nausea and vomiting, fatigue and sleep disturbances: insomnia;;weakness, dizziness, frequent or severe headaches, and restless legs.;29 years old white female with history of migra; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a cyst on the brain and will sometimes enlarge and the patient has been having persistent headaches and we are trying to evaluate and make sure that the cyst has not grown since the migraine has recently become worse and almost daily for the p; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a 65-year-old woman right-handed by nature with history of hypertension and poorly controlled type 2 diabetes presents with a one-year history of progressive tremor involving the upper extremities more likely on the right than the left. No hea; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having intense painful migraines that are lasting several hours and they are just starting to occur but are reoccurring to almost daily migraines. She hasnt has brain imaging done in the past and we would like to evaluate to try and find the cau; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having progressive Memory Decline and dizziness. she is forgetting more and more little daily things that she has been doing for year. Her Dizziness has gotten progressively worse with more often lightheadedness; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	chronic-appearing pansinusitis, most evident within the right maxillary antrum with dense opacification of the right maxillary antrum.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	h/o encephalocele repair now with increasing swelling at the scar sight since MVC; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	increased memory loss; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Pt has already had MRI of C spine. CTA of head and neck to address presyncopal symptoms; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; Pt reports ruptured discs in C spine, HA, and is having episodes of presyncope upon standing or turning head.; patient has seen pain management to address the pain in his neck. Takes OTC BC powder. A change in insurance has made seeing pain management no longer possible.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	cardiac work-up done and she has a history of mitral valve prolapse and recent echo showed a mild leaky valve but was not concerning. She also had a Holter monitor for about 7 days and she was told there was slight tachycardia before her passing out spell; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	increased memory loss; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Pt has already had MRI of C spine. CTA of head and neck to address presyncopal symptoms; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; Pt reports ruptured discs in C spine, HA, and is having episodes of presyncope upon standing or turning head.; patient has seen pain management to address the pain in his neck. Takes OTC BC powder. A change in insurance has made seeing pain management no longer possible.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	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.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	dr needs to rule out TIA and vascular disease; This study is being ordered for Vascular Disease.; 2017 for the CABG due to CAD; There has been treatment or conservative therapy.; dizziness, tremors, forgetfulness; pt is taking aspirin, statins, carvedilol, chlorthalidone, lisinopril; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	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.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	dr needs to rule out TIA and vascular disease; This study is being ordered for Vascular Disease.; 2017 for the CABG due to CAD; There has been treatment or conservative therapy.; dizziness, tremors, forgetfulness; pt is taking aspirin, statins, carvedilol, chlorthalidone, lisinopril; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; 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.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	2018 MRI demonstrated large left lateral T2 hyperintense lesion;within the cervical spinal cord at the level of C3, Several other smaller spinal cord lesions, Mild volume loss seen throughout the cervical spinal cord.moderate multiple sclerosis plaque ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Chief Complaints:;1. Spinal issues.;HPI: ;Patient Care Team: ;Rheumatologist: Dr. Toy. ;patient here with lower back pain, also has thoracic back pain between the shoulder blades, has seen;Diemel in the past , numbness and tingling in the mid back;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Discussed we will repeat MRI brain since her last one showed some white matter changes that were nonspecific to make sure there has been no change and also since she has had a change in her headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; The loosing balance, gait difficulty, fingers on bilateral hands turning blue.; The Pt is taking medication therapy, Pt, HEP.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	evaluation of headaches.;she says she has been having headaches for the last 1 month.;Location of the headache in the bilateral frontocentral and parietal area.;No clear aggravating or relieving factors.;Start with a shocklike sensation and she would ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	frequent or severe headaches, restless legs, and loss of balance or falls.;fatigue;;;Headache - Headache descriptions as to possible primary stabbing headaches versus tension headaches.;However given her history of Hodgkin's lymphoma Will do an MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	having migraines at the age of 11 years. Her headaches are bilateral, throbbing, 9/10 in severity, aggravated by light and noise, associated with nausea and vomiting. She has no particular triggers or warning signs. Headaches can last anywhere from 24 hou; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	headache with vision changes and sensitivity to light; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Impaired cognition - Multifactorial.;recent prolonged hospitalization with sepsis and bowel surgery, opiate/ BZD use, previous hx of alcohol abuse/ anxiety all could be contributing.; memory lapses or changes, difficulty finding desired words, and loss ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	LEFT V3 DISTRIBUTION TRIGEMINAL NEURALGIA.;SEVERE LEFT SIDED FACE PAIN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Woody is a 51-year-old referred for evaluation of memory problems. He states that he has had problems with his memory all of his life. He states he always had trouble in school. He states that he is never been organized has trouble concentrating an; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Ms.Nelson is a 19 year old female who presents to the neurology clinic for evaluation of headaches. She also has a history of Chiari malformation diagnosed approximately 3 years ago which was previously followed by neurosurgery.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tremors; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a 65-year-old woman right-handed by nature with history of hypertension and poorly controlled type 2 diabetes presents with a one-year history of progressive tremor involving the upper extremities more likely on the right than the left. No hea; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a right-handed middle-aged gentleman presents today with a year-long history of tremor. It is intermittent as both resting and kinetic component to it. He gets worse when he is trying to pour objects or do fine motor tasking. At other times ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient is having tremors that are effecting her ADL's. Getting worse; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient is having involuntary tongue movements and having spells that we want to make sure there is no lesion on the brain causing these; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt has recurring headaches, getting worse over the last 10 years; worse on Rt; throbbing associated with photophobia, phonophobia and nausea; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	right side weakness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	She comes in today at the behest of her rheumatologist to follow-up on her memory change. She has had some persistent progressive short-term memory changes over the last year as well as other issues such as when watching television shows her driving she ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The patient complains that while she was experiencing higher than normal blood pressures she developed a headache with associated visual blurring and confusion; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The patient says that he was injured at the age of 9. He reports that he lost consciousness for several hours after a blow to the head followed by nausea, vomiting and amnesia. He remembers that he was being prepped for surgery when he coded and had to be; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This patient has been referred for neurologic consultation in regards to memory loss as well as other cognitive symptoms; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new patient to this office.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Hx of spine surgery to address an L4 burst fracture. Postoperatively she has developed an acquired spinal deformity ,Scoliosis of thoracolumbar spine, ;MRI shows dextroscoliosis - no appreciable canal stenosis - the foramen appear open though the right ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Hx of spine surgery to address an L4 burst fracture. Postoperatively she has developed an acquired spinal deformity ,Scoliosis of thoracolumbar spine, ;MRI shows dextroscoliosis - no appreciable canal stenosis - the foramen appear open though the right ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; Hyperreflexia	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is 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.; Patellar reflexes are 3+ on the right side and 3+ on the left side.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral Lower extremity weakness, Bilateral upper extremity tremors; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; It is not known if there is laboratory or x-ray evidence of meningitis.; It is not known if there is laboratory or x-ray evidence of a paraspinal abscess.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; This has been going on for several years, the patient was diagnosed with MS when she was younger.; There has been treatment or conservative therapy.; remitting MS with worsening fatigue, pain in the legs and back, heralded with numbness and tingling in the legs, and coupled with ocular difficulty.; Home exercise, heat/ice therapy, and medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	2018 MRI demonstrated large left lateral T2 hyperintense lesion;within the cervical spinal cord at the level of C3, Several other smaller spinal cord lesions, Mild volume loss seen throughout the cervical spinal cord.moderate multiple sclerosis plaque ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Bilateral hand numbness, neck pain, and worsening headaches. history of seizures, traumatic brain injury, and worsening headaches.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; PREDNISONE, GABAPENTIN, TIZANIDINE	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic neck and left greater than right upper extremity pain/numbness/tingling ongoing for the last several years;states that the pain and numbness begins just above the elbow down to the forearm and hand. Also, describes;pain that radiates into the in; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Describes subjective 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	exaggerated reflexes without any pathological reflexes. Will check MRI C-spine to rule out any cord or nerve root process.; This is a request for 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.; reports chronic neck pain and says her chiropractor did x-rays and told her that she has bone spurs and a spinal bifid. She has exaggerated reflexes without any pathological reflexes. Will check MRI C-spine to rule out any cord or nerve root process. Tak	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	He also has episodes of what his wife describes his seizure-like activity when he will be frozen and the physician which can be either standing or has been the fetal position at times and will have jerking all over. He will be unable to respond, but says ; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; evaluation of weakness and frequent falls. report onset of symptoms was approximately 2 years ago when he came home from work one day and felt as though his body went limp in his right face felt numb he fell to the ground and was basically in the bed not; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	History of tremor and gait issues for a very young patient.; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	I spoke with the patient today and he complains of continued neck pain that radiates into his shoulders bilaterally, worse on the right. He complains of intermittent numbness and tingling in his neck and shoulders. He has completed 4 visits of physical th; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Mrs.Reba Holloway is a 66 year old female who presents to the Neurology Clinic today for Leg Cramps referred by Dr.Matthew Jackson. Pt also reports of bilateral upper extremity tremor involving the hands that has been present over the past few years and p; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neurological: Positive for dizziness and weakness ("left arm") Pt also reports of bilateral upper extremity tremor involving the hands that has been present over the past few years and progressively worsening. She notices shaking when writing name or pic; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	numbness in left hand mainly digits 4 and 5. Positive Tinel sign at her left elbow. Can try a towel wrap for now. Cautioned her to avoid leaning on her elbows. May consider EMG/NCV study. Cervical MRI as above.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive Tinel sign at her left elbow.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt had 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.; There is weakness.; muscle weakness, back and neck pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Spinous process tenderness and muscular tenderness present. RX for flexeril and toradol. Stable for discharge. Discussed plan with patient and he is agreeable with plan for discharge home with follow up with PCP and ENT; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This patient has been referred for neurologic consultation in regards to probable seizure activity. The patient states that she began experiencing seizure activity approximately 1 year ago. She states that her episodes tend to occur more when she is experi; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; MRI brain and entire spine without contrast to assess for any structural causes that could explain patient's clinical presentation. He would need sedation. Family will be called for the appointment. Advised the family to call us a day of 2 after the MR; There has been treatment or conservative therapy.; -year-old boy with history of ADHD and developmental problems who presents for evaluation for toe walking. Family reports attainment of age-appropriate developmental milestones so far. However patient currently receives physical, speech and occupational ; Advised the family to continue with the therapies and continue using AFOs for now.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	we did a EMG study and it shown significant changes and radiculopathy in the cervical region and we want to get images for further evaluation of it.; This is a request for cervical 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 had EMG that is showing signs up cervical radiculopathy and the patient is having great weakness in extremities and she is having more frequent falls; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Working diagnosis is chronic migraines, but one wonders about the possibility of spontaneous intracranial hypotension given the onset described above. It has been several years since he has had an MRI of his brain- will order with and without contrast. ; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; The loosing balance, gait difficulty, fingers on bilateral hands turning blue.; The Pt is taking medication therapy, Pt, HEP.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; MRI brain and entire spine without contrast to assess for any structural causes that could explain patient's clinical presentation. He would need sedation. Family will be called for the appointment. Advised the family to call us a day of 2 after the MR; There has been treatment or conservative therapy.; -year-old boy with history of ADHD and developmental problems who presents for evaluation for toe walking. Family reports attainment of age-appropriate developmental milestones so for. However patient currently receives physical, speech and occupational ; Advised the family to continue with the therapies and continue using AFOs for now.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 05/31/2018; There has been treatment or conservative therapy.; Right sided numbness involving arm and leg. Incoordination of right arm and gait imbalance. Right sided facial numbness. Chronic fatigue.; Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	x ray shoed multiple levels of degenerative disc changes in thoracic spine, L1 level has scoliosis and compacts to left at L4; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; gait Problem ;weakness and Paresthesia's; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She saw an ophthalmologist and he indicated that her vision changes were due to MS and told her to start treatment with MS medicines and see me for that. At her last visit, that had been recommended by me and declined by her because of breast-feeding. I; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; This has been going on for several years, the patient was diagnosed with MS when she was younger.; There has been treatment or conservative therapy.; remitting MS with worsening fatigue, pain in the legs and back, heralded with numbness and tingling in the legs, and coupled with ocular difficulty.; Home exercise, heat/ice therapy, and medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Currently the low back pain is much worse than the neck. She has muscle spasm in the back. She is taking baclofen for it. She has numbness tingling in the lower extremity. She has been taking nortriptyline 10 mg at night which helps some, but she stil; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If Patient also states she has been having increasing back pain. She says it is in the middle of low back denies any pain down legs but says she does get some cramping in her calves. She states her legs get tired ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; The loosing balance, gait difficulty, fingers on bilateral hands turning blue.; The Pt is taking medication therapy, Pt, HEP.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He also has frequent headaches which are left-sided and pounding in nature which occur more often in the morning or late evening.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; evaluation of weakness and frequent falls. he came home from work one day and felt as though his body went limp in his right face felt numb he fell to the ground and was basically in the bed not able to move for the next 2-3 days. During that time he he a; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	he has gotten progressively weak over time and now is unable to lift her leg to get into the car. She reports that her right leg will suddenly give out at a time. Left leg is weak as well. She gets tingles in her arms and includes from the elbow down o; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 4/5 weakness throughout in lower extremities without specific locality. Unable to raise on heels. Could get to toes.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	left L4 radiculopathy secondary to left paracentral/foraminal disc herniation L3-4 in the setting of degenerative changes.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain that radiates into the anterior thigh stopping at the knee. There is associated numbness and feeling of weakness. Rates her pain at worst 10/10. States that most activities worsen the pain especially 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.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Hart is a right hand male referred to Cox Health and Neurology by Dr Armstrong for consultation, diagnosis, and treatment of chronic low back pain and lumbar fusion 2016 Springdale Dr. Blankenship L5-S1, cardiac catheterization 8/2019, ongoing back pa; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Back pain 4/10, B/L hips 2/10, B/L feet numbness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAAS TRIED SEVERAL THINGS TO HELP HIS CHRONIC BACK PAIN, MEDICINE, PHYSICAL THEREAPY, AND NOW WANTS TO TRY EPIDURAL INJECTIONS.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Still having numbness in the left lateral thigh. Notes the great toe has been numb for a couple 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 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.; ZANAFLEX	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient presents today with reports of a fall. She reports she fell landing on her back. She reports lumbar pain after the fall. She reports a history of a 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 seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This is a 49-year-old gentleman who was seen back in October 2018 for a TIA like episode that occurred about 2 years ago that has not recurred with resolution of symptoms. He had some intermittent left hemicrania involuntary movements that seem to have g; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for a neurological disorder.; MRI brain and entire spine without contrast to assess for any structural causes that could explain patient's clinical presentation. He would need sedation. Family will be called for the appointment. Advised the family to call us a day of 2 after the MR; There has been treatment or conservative therapy.; -year-old boy with history of ADHD and developmental problems who presents for evaluation for toe walking. Family reports attainment of age-appropriate developmental milestones so for. However patient currently receives physical, speech and occupational ; Advised the family to continue with the therapies and continue using AFOs for now.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; he has been doing physical therapy exercises and using his stationary bike;;he has had series of 3 CESI's with minimal to no relief. He questioned if the second CESI helped period of 1 week. ;;Failed gabapentin and aleve; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic,	Radiology Services Denied Not Medically Necessary	request for MRV of the head to rule out a cerebral venous sinus thrombosis (CVST).; Requestor has decided to proceed with the unlisted code.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Neurology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nuclear Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Impression;;Mr. Nance is a 37-year-old male who presents for evaluation of Neurofibromatosis Type I. He has been having issues with pain and numbness in the left C8 distribution. He has no imaging.;;Plan: ;We will check current imaging of his neural; This study is being ordered for a neurological disorder.; 06/01/2019; There has been treatment or conservative therapy.; He has been having issues with pain and numbness in the left C8 distribution. The pain is a 'sharp, lancinating' one that radiates down the arm from the cervical region. It occurs intermittently, and he knows of no provocative or palliative features.; medication mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nuclear Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Nuclear Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>Impression:;Mr. Nance is a 37-year-old male who presents for evaluation of Neurofibromatosis Type I. He has been having issues with pain and numbness in the left C8 distribution. He has no imaging.;;Plan: ;We will check current imaging of his neural; This study is being ordered for a neurological disorder.;</p> <p>06/01/2019; There has been treatment or conservative therapy.;</p> <p>He has been having issues with pain and numbness in the left C8 distribution. The pain is a 'sharp, lancinating' one that radiates down the arm from the cervical region. It occurs intermittently, and he knows of no provocative or palliative features.;</p> <p>medication mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nuclear Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>Impression:;Mr. Nance is a 37-year-old male who presents for evaluation of Neurofibromatosis Type I. He has been having issues with pain and numbness in the left C8 distribution. He has no imaging.;;Plan: ;We will check current imaging of his neural; This study is being ordered for a neurological disorder.;</p> <p>06/01/2019; There has been treatment or conservative therapy.;</p> <p>He has been having issues with pain and numbness in the left C8 distribution. The pain is a 'sharp, lancinating' one that radiates down the arm from the cervical region. It occurs intermittently, and he knows of no provocative or palliative features.;</p> <p>medication mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Nuclear Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Impression:;Mr. Nance is a 37-year-old male who presents for evaluation of Neurofibromatosis Type I. He has been having issues with pain and numbness in the left C8 distribution. He has no imaging.;;Plan: ;We will check current imaging of his neural; This study is being ordered for a neurological disorder.;</p> <p>06/01/2019; There has been treatment or conservative therapy.;</p> <p>He has been having issues with pain and numbness in the left C8 distribution. The pain is a 'sharp, lancinating' one that radiates down the arm from the cervical region. It occurs intermittently, and he knows of no provocative or palliative features.;</p> <p>medication mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nuclear Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	<p>Radiology Services Denied Not Medically Necessary</p> <p>; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.;</p> <p>Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Nuclear Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Pt c/o left hand being numb x3days, no pain.;DDX : cervical radiculopathy v. brachial plexopathy v. ulnar nerve impingement Plan: C spine x ray and MRI Neurology referral PT referral for left arm pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Nuclear Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	70450 Computed tomography, head or brain; without contrast material		BELLS PALSY - POST PARDUM VISIT; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	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 NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered due to organ enlargement.; It is not known whether there is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	misplaced IUD; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT; The surgery being considered is NOT a hip replacement surgery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Area noted in cesarean scar with possible fluid contained, concerning for possible cesarean scar dehiscence. LOV 2.4x2.08x1.97cm, with simple cyst, 1.5x1.4x1.5cm. ROV 3.28x2.02x2.14cm, with hemorrhagic cyst, 1.9x1.5x1.4cm; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for endometriosis.; A diagnosis of endometriosis been established.; The patient had a previous abnormal Ultrasound.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for fetal injury.; There has been an ultrasound that showed a fetal abnormality.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Uterine anomaly; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	MD Palpated a pelvis mass. Post op. History of abscess and multiple complications.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	MD Palpated a pelvis mass. Post op. History of abscess and multiple complications.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	palpitated mass; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	palpitated mass; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has discomfort at her c-section scar for the last 8 months, on and off with it being tender to the touch.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has discomfort at her c-section scar for the last 8 months, on and off with it being tender to the 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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt. a protruding hernia, tender to touch; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt. a protruding hernia, tender to touch; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	there is some submucosal nodules on the posterior vagina wall, could be endometriomas or endometriosis her uterus is tender as in her adenxa tender, cervix has blood spotting; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	there is some submucosal nodules on the posterior vagina wall, could be endometriomas or endometriosis her uterus is tender as in her adenxa tender, cervix has blood spotting; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Vaginal exam- Right appearing mesh, black structure on roof of vagina, near vagina their is a introitious. Patient was unable to tolerate speculate exam rectal exam had a positive fit; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Vaginal exam- Right appearing mesh, black structure on roof of vagina, near vagina their is a introitious. Patient was unable to tolerate speculate exam rectal exam had a positive fit; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	74712 Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic	This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Abnormalities found in chest, abdomen, pelvis and or retroperitoneal has been identified or remains uncertain after an ultrasound.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has bloody nipple discharge in both breast . they received Ultrasound on 2/13/20; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pelvic pain; This is a request for a Pelvis MRI.; The study is being ordered for endometriosis.; A diagnosis of endometriosis has NOT been established.; The study is being ordered as follow up treatment.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Uterine fibroids, symptomatic; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Will FAX; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient had normal ultrasound that was done after previous abdomen and pelvis ct was denied citing patient needed to have an ultrasound; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient had normal ultrasound that was done after previous abdomen and pelvis ct was denied citing patient needed to have an ultrasound; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Right inguinal adenopathy present. Left inguinal adenopathy; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Right inguinal adenopathy present. Left inguinal adenopathy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	will fax it; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	will fax it; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	renal mass of right kidney; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OB/Gynecology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	RESTAGGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	11 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without	RESTAGGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	10 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	restaging of non small cell lung cancer/he completed treatment 9/4/2019/ the last PET scan 9/24/19- was concerning for early metastatic disease. There was hyper activity in the right lower/with a SUV of 6.8; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is NOT for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	restaging of non small cell lung cancer/he completed treatment 9/4/2019/ the last PET scan 9/24/19- was concerning for early metastatic disease. There was hyper activity in the right lower/with a suv of 6.8; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	restaging of non small cell lung cancer/he completed treatment 9/4/2019/ the last PET scan 9/24/19- was concerning for early metastatic disease. There was hyper activity in the right lower/with a suv of 6.8; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	restaging of non small cell lung cancer/he completed treatment 9/4/2019/ the last PET scan 9/24/19- was concerning for early metastatic disease. There was hyper activity in the right lower/with a suv of 6.8; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material	; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/26/2020; There has not been any treatment or conservative therapy.; Visual field loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear;	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Enter answer here - or Type In Unknown If No Info Given. > Thyroid 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.; 03/03/2020; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/26/2020; There has not been any treatment or conservative therapy.; Visual field loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	optic atrophy; This study is being ordered for Vascular Disease.; 8/16/2019; There has been treatment or conservative therapy.; decreased vision, increased eye pressure.; eye drops; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	See ICD code; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck;	vision loss, blurred vision, headache, confusion, pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	severe headache, papilledema; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Double vision; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given; Pt has papilledema and constant headaches along with visual field defects.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/19/2020; It is not known if there has been any treatment or conservative therapy.; Headaches, Nausea, and dizziness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	optic atrophy; This study is being ordered for Vascular Disease.; 8/16/2019; There has been treatment or conservative therapy.; decreased vision, increased eye pressure.; eye drops; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	severe headache, papilledema; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; Enter answer here - or Type In Unknown If No Info Given. Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; 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.; The patient has vision changes.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient has a sudden and severe headache.; It is unknown why this study is being ordered.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		visible field with confirmed loss; This study is being ordered for a neurological disorder.; 1/28/2020; There has not been any treatment or conservative therapy.; pain on eye movement loss of vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);		vision loss, blurred vision, headache, confusion, pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	Radiology Services Denied Not Medically Necessary	Checking for a tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/19/2020; It is not known if there has been any treatment or conservative therapy.; Headaches, Nausea, and dizziness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/3/2020; There has not been any treatment or conservative therapy.; vision loss, macular edema in her eyes and swelling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	visible field with confirmed loss; This study is being ordered for a neurological disorder.; 1/28/2020; There has not been any treatment or conservative therapy.; pain on eye movement loss of vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	Checking for a tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/3/2020; There has not been any treatment or conservative therapy.; vision loss, macular edema in her eyes and swelling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging,		This is a request for a temporomandibular joint MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	70450 Computed tomography, head or brain; without contrast material		Coordination issues, falling , slight tremors; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	chest X-ray show abnormal mass in left lobe of lung . CT scan with contrast is recommended to discern mass.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	POTENTIAL CERVICAL SPINE FRACTURE; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	The previously seen surgical hardware with posterior fixation at;C1-C2 level is again noted. Interval lucencies are seen involving the;trans pedicular screws bilaterally at the C1 level which is concerning;for interval fracture of the trans pedicular ; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine CT.; "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.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	8 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	11 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Sperling's is positive left, Left intrinsic much weaker. NEUROLOGICAL: Cranial nerves 2-12 are grossly intact. Hoffman's is negative bilaterally. Sensation is intact to light touch bilateral UE in dermatomes C5-C8; diminished for C8 and C7 more than C6 o; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt reported increased feeling of burning in her scapular muscles with the rows. Pt attempted lat pull down exercise, but was not able to complete it due to muscular fatigue and burning. Once pt had increased muscular fatigue and discomfort, the open books; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for trauma or injury.; November 2019; There has been treatment or conservative therapy.; radiating pain, neck pain, positive Hawkin's impingement test;and positive Speed test.; physical therapy, home exercise, injections, steroid packs, anti-inflammatory, pain medications, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	bilateral shoulder pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; tried for 6 weeks	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Concerns of cervical myelopathy or spinal cord compression. Patient does have nonspecific upper and lower extremity dysesthesias.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Diffusely weak in all myotomes from C4-T1 with 4-/5 in all myotomes.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; grip on left side weak; clumsiness and tingling, motor skill issue; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in pain starting from shoulder and two fingers numbness and tangling nerve conduction study done which was normal; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Grip strength, bicep strength, 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	IMPRESSION;; left-sided cervical radiculopathy;;PLAN;;Due to failed conservative treatment consisting of a Medrol Dosepak and physical therapy, I recommend cervical MRI. She is agreeable. MRI will be ordered and she will follow-up to discuss results; 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.; Range of Motion;;; Cervical spine; Pain with extension, limited lateral flexion	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>Mr. Mabry is seen today for a new problem and subsequent followup. First of all this individual seen today for follow-up cannulated screw fixation subcapital fracture of the left hip. He has no particular complaints with his hip at this time. However, ; 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.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>Mrs. Lovell is seen today for subsequent followup. His woman is seen today for follow-up nerve conduction studies an electromyogram left upper extremity. These studies show radiculopathy at C5-6 and C6-7 and C7-T1.;;Impression: This woman has 2 separa; 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.; Mrs. Lovell is seen today for subsequent followup. His woman is seen today for follow-up nerve conduction studies an electromyogram left upper extremity. These studies show radiculopathy at C5-6 and C6-7 and C7-T1.;;Impression: This woman has 2 separa</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>Multilevel cervical stenosis secondary to severe spondylosis causing right upper extremity radiculopathy with high-grade weakness of the right upper extremity (to include deltoid and bicep with possible trapezius); This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;</p> <p>Multilevel cervical stenosis secondary to severe spondylosis causing right upper extremity radiculopathy with high-grade weakness of the right upper extremity (to include deltoid and bicep with possible trapezius); The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>My assessment of this young lady's problem is that she has low back pain due to a multiplicity of causes certainly not doing any sort of physical activities of any kind contributes to poor muscle conditioning.;;x-ray show that she has a 32 degree thorac; This study is being ordered for Congenital Anomaly.; This 19-year-old girl is sent to us for evaluation of idiopathic scoliosis. She has been noted to have Klippel-Trenaunay-Weber syndrome which is been treated in this institution by Dr. necklace with excision of a right knee mass. She also has been noted; It is not known if there has been any treatment or conservative therapy.; We will be ordering an MRI of her spine to see if there are any plausible explanations in her spinal canal that could account for her back pain. We will let her know the results of that test.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	SHOULDER PAIN, NO RELIEVING FACTORS, TAKES MELOXICAM AND HAS HAD CHANGE IN ACTIVITY, POSITIVE SPURLINGS, IMPINGMENT AND HAWKINS ON THE RIGHT;; 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 TAKES MELOXICAM AND STILL HAS SEVERE PAIN IN SHOULDER AND NECK AREA, HAS HAD FOLLOW-UP VISITS WITH HIS PCP AND DR. HARP, WITH NO RELIEVING FACTORS	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	please review all clinical information.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	PT HAS HAD CONSERVATIVE TREATMENT AND SEE NEUROLOGIST, HAD NCS/EMGS DONE AND STILL HAS PAIN AND WEAKNESS; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NUMBNESS AND TINGLING IN THE HANDS, ALSO SHARP PAIN. HER EXAM WITH NEUROLOGIST RAISED CONCERN FOR CERVICAL RADICULOPATHY BUT MORE SPECIFICALLY CENTRAL MOTOR INVOLVEMENT SUCH AS MYELOPATHY AS HE REPORTS SHE HAS DEVELOPED A HOFFMANS. I AM RECOMMENDING WE EV; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	radiculopathic axon loss process on the right involving the C7 nerve root; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; continued weakness in R UE. obviously weak in comparison to L side in C6 and c7 distributions. EMG confirms significant issue at C7. need MRI of the c spine to evaluate and assess the compression. has completed 6 weeks of PT and non op management with med; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	She has paresthesias in both of her upper extremities and also some neck pain. Nerve studies were reviewed. Double crush syndrome a possibility. She is referred for an MRI of her cervical spine to further workup her C8 radiculopathy noted on EMG.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Double Crush Syndrome; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient had an EMG that shows the problem is coming from her cervical spine.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Both arms are weak, has numbness, tingling, loosing function.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient has had neck pain, numbness and tingling to the bilateral upper extremities for greater than 1 year. She states that it is now effecting her daily living activities.; 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 weakness, numbness and tingling to the bilateral upper extremities. At this point the patient is unable to raise her arms over her head and explains that she has began to drop things frequently due to the numbness and weakness to the upper ext; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	15 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	16 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; most of her pain is in her back that is what is disabling her right now. But she is also having some tingling in the posterior leg which is random. She has tingling in her right arm and right leg. The tingling in her leg is worse when she is laying dow; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Clinical exam is suggestive of myelopathy/cord compression; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; Deep tendon reflexes appear to be somewhat hyperreflexive when compared to the bilateral lower extremities.; There is recent evidence of a thoracic spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jan-Mar 2020

<p>1/1/2020 - 3/31/2020 1/1/2020</p>	<p>Orthopedics</p>	<p>Approval</p>	<p>72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material</p>	<p>My assessment of this young lady's problem is that she has low back pain due to a multiplicity of causes certainly not doing any sort of physical activities of any kind contributes to poor muscle conditioning.;;x-ray show that she has a 32 degree thorac; This study is being ordered for Congenital Anomaly.; This 19-year-old girl is sent to us for evaluation of idiopathic scoliosis. She has been noted to have Klippel-Trenaunay-Weber syndrome which is been treated in this institution by Dr. necklace with excision of a right knee mass. She also has been noted; It is not known if there has been any treatment or conservative therapy.; We will be ordering an MRI of her spine to see if there are any plausible explanations in her spinal canal that could account for her back pain. We will let her know the results of that test.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	<p>1 2020 Jan-Mar 2020</p>
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1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>Patient has had back surgery in past and symptoms have returned. He has severe pain in his lower and mid back that radiates down his legs to his feet. Has had foot drop in the past. currently he has a pain pump with pain management until he can have 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.; 3/05/2019; There has been treatment or conservative therapy.; Low back and mid back pain with radiculopathy.; Patient has failed over 6 weeks of conservative therapy consisting of anti-inflammatory medication, lifestyle modification, spinal exercises, time, healing and rest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>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?</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Up until last year, Pt did running but has been unable to run up until last year.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/9/2019; There has been treatment or conservative therapy.; Pt has pain radiating down to legs. Pt has 5/5 strength on all lower extremities. Pt has numbness in lower left leg. Pt has had muscle relaxers, and anti inflammatory.; Pt had physical therapy, and an injection. Pt was given pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient states that she has weakness to the bilateral lower extremities which causes her to be unable to walk or stand for long distances or long periods of time.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; There was weakness to the bilateral lower extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased sensation to light touch over the anterior thigh on the right. Otherwise intact sensation light touch throughout the lower extremities. Positive supine straight leg raise on the right. Negative straight leg raise on the left. Negative Faber'; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Yes, the last Lumbar spine MRI was performed within the past two weeks.; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DX-rays of his lumbar spine reveal some degenerative and postsurgical changes. I will see obvious instability.; Postlaminectomy syndrome with weakness that is persistent on exam findings. Dr. Watkins back program with fella for core strengthening. I; Surgery is scheduled within the next 4 weeks.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>; This study is being ordered for a neurological disorder.; 06/26/2019; There has been treatment or conservative therapy.; swelling Recommend MRI of hip and L-spine due to his continued complaints of pain around the hip and posterior back and radicular symptoms radiating down across the hip and lower leg.; NSAIDS, home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	chronic low back pain, onset 2016, worsening, lumbar stenosis in the lumbar region with neurogenic claudication. pain radiates down both legs, worse on the left. She has had multiple epidural injections in the past with minimal relief. neurologic signs w; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Evidence of right lumbar radicular pain on clinical exam concerning for an S1 nerve compression.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	IMPRESSION: Severe kyphoscoliosis with advanced degenerative disc disease and postsurgical changes with osteopenic appearance of bone.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; We have performed x-rays and she has extreme weakness of the lower extremities, but the weakness is near symmetrical on testing. There are absent Achilles tendon reflexes bilaterally. Patellar tendon reflex is 1+ on the right and 2+ on the left. Dullne; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>MRI of the lumbar spine to rule out neural compression as well as location and severity. There is evidence of advanced disc space collapse with spondylosis at L5-S1 with no evidence of spondylolisthesis. There is evidence of foraminal stenosis seen at L5; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1 2020 Jan-Mar 2020
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<p>1/1/2020 - 3/31/2020 1/1/2020</p>	<p>Orthopedics</p>	<p>Approval</p>	<p>72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material</p>	<p>My assessment of this young lady's problem is that she has low back pain due to a multiplicity of causes certainly not doing any sort of physical activities of any kind contributes to poor muscle conditioning.;;x-ray show that she has a 32 degree thorac; This study is being ordered for Congenital Anomaly.; This 19-year-old girl is sent to us for evaluation of idiopathic scoliosis. She has been noted to have Klippel-Trenaunay-Weber syndrome which is been treated in this institution by Dr. necklace with excision of a right knee mass. She also has been noted; It is not known if there has been any treatment or conservative therapy.; We will be ordering an MRI of her spine to see if there are any plausible explanations in her spinal canal that could account for her back pain. We will let her know the results of that test.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	<p>1 2020 Jan-Mar 2020</p>
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1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Patient has had back surgery in past and symptoms have returned. He has severe pain in his lower and mid back that radiates down his legs to his feet. Has had foot drop in the past. currently he has a pain pump with pain management until he can have 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.; 3/05/2019; There has been treatment or conservative therapy.; Low back and mid back pain with radiculopathy.; Patient has failed over 6 weeks of conservative therapy consisting of anti-inflammatory medication, lifestyle modification, spinal exercises, time, healing and rest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Patient needs to be further evaluated to rule out herniated nucleus pulposus as well as a possible compression 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.; Weakness to the lower extremities found on exam show patient has weakness while standing or walking. At this point this is beginning to affect 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.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>persistent right leg pain despite 2 months of regular physical therapy for her core and hip. Her history and exam findings today are suggestive of radicular type pain. I believe she also has a component of intra-articular hip pain, that is likely from AVN; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Pin in back and numbness down leg.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>PLAN: This has been going on for four to five months and not helped by the Aleve and the ibuprofen that he has been taking. I think from out standpoint it is time to get a MRI to evaluate. We are going to try to treat him with Neurontin. He has taken ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lumbar radiculopathy in the left lower extremity.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt c/o of some pinpoint pain over the right lower back. xrays show present worsening of the asymmetric collapse at the adjacent level, L3-4. would like to investigate further with MRI for significant facet arthrosis @ L3-4. If so, would be good candidate ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt is a 80 years old Male with RIGHT hip pain for 3-4 weeks. No specific injury is noted. No numbness or tingling. No pain below the knee. The pt has not had any previous back problems. The pt points laterally as the area of most pain. The pain is describ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	She complains of severe lateral hip pain with lateral radicular numbness down the entirety of the leg. She reports a previous injury. She reports the pain made worse with sitting for extended periods.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The patient has right 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.; pain that has been radiating down the posterior aspect of the right hip and thigh, down the calf into the lateral aspect of the foot. This has been there up to a year with no trauma. There is also numbness in the same area. He has had xrays and MRI of hip; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The patient is more concerned about his low back pain today. The patient has had low back pain for years. He has increased pain with extension of his lumbar spine. X-rays of his lumbar spine were reviewed today. The patient has degenerative changes includ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has had pain for 6 months. Patient has positive straight leg raise on the right and left. Patient has lower extremity hypoesthesia, decreased dorsiflexors, EHL, and plantar flexors. Arching of lumbar spine increases pain of the lower back.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	32 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Yes, the last Lumbar spine MRI was performed within the past two weeks.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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?; Surgery is scheduled within the next 4 weeks.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Up until last year, Pt did running but has been unable to run up until last year.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/9/2019; There has been treatment or conservative therapy.; Pt has pain radiating down to legs. Pt has 5/5 strength on all lower extremities. Pt has numbness in lower left leg. Pt has had muscle relaxers, and anti inflammatory.; Pt had physical therapy, and an injection. Pt was given pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	X-ray;; AP and lateral views of the lumbar spine obtained today in clinic show disc height loss at multiple levels most notable at L5 S1. Small anterior osteophytes to the lumbar spine. No acute bony abnormalities or fractures.;;IMPRESSION;; Right lum; 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.; L1-L5;Normal on the left with decreased sensation in the lateral calf and first dorsal webspace on the right	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	per MRI studies- Possible fracture of the inferior left acetabulum; This study is being ordered for trauma or injury.; 1/2018; There has been treatment or conservative therapy.; The left hip pain occurs at night and occurs in the morning. The left hip pain is described as;sharp, aching, throbbing, dull, and popping and is associated with groin pain, thigh pain, limited ROM of hip, leg weakness, difficulty arising from a seated p; non-weight bearing with crutches & medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	A 2.6 cm lytic lesion is seen in the sacrum at the level of S2;vertebral body on the left which demonstrates features consistent with;a hemangioma.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the bladder.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	EVALUATION FOR PELVIS PAIN; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	sarcoma; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for osteomyelitis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	19 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;		1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	16 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for trauma or injury.; November 2019; There has been treatment or conservative therapy.; radiating pain, neck pain, positive Hawkin's impingement test;and positive Speed test.; physical therapy, home exercise, injections, steroid packs, anti-inflammatory, pain medications, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	+ neer, + hawkins, TTP at ac joint, painful ROM,. eval for cuff tear, xrays normal; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; gabapentin and hydrocodone for pain, activity modifications and stretching for several weeks, referred to ortho for further treatment.; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	5 week followup, pt was seen in ER for a dislocated shoulder after a fall. ER doctors popped it back in place and pt has been in PT since and has some improvement but still needs more improvement on her ROM. Looking for a rotator cuff tear. Needs an arthr; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Concerning for scapholunate interosseous ligament tear; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient did 6 weeks of home treatment and the patient did not improve.; The patient received oral analgesics.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or 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.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. >oral medications; 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 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.; List meds here; The patient received medication other than joint injections(s) or oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Gilchrist is here for complaints of right 7/10 shoulder pain that has been going on for about 4 months. he has had an injury to the affected shoulder, he fell off a trailer. Pain is intermittent and sharp and aching in nature. Pain does seem to radiate ; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	incomplete tear of rotator cuff, need to diagnose how long it is to prepare for surgery; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Left shoulder instability with anterior dislocation of left proximal humerus; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Left shoulder, possible rotator cuff tear; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Left upper extremity: No swelling. Prominence in the biceps. No wounds. Active shoulder motion limited by pain. Positive Hawkins. Positive speed's. 3 out of 5 strength with resisted abduction. 4 out of 5 strength with resisted external rotation.; 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.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	may 29 2019 reached over head and heard pop, overhead increases pain x-ray 12/19/2019 inferioring spurring; The requested study is a Shoulder MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Mr. Grimes is a 38 years old male presents today with an intial complaint of significant pain in his left shoulder. This pain is significant and has been ongoing for several months. The onset was gradual and has become steadily worse. He rates the pain; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Mr. Mattingly is seen today for a new problem. This patient is actually seen today for 2 new problems. First of all, he is having pain soreness in his right thumb when he moves it. He notes his pain is in the area of the anatomic snuffbox. Furthermore; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	none; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	osteomyelitis, pt has severe infection and MRI is warranted to make sure infection is not affecting the elbow; The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Painful arc of elevation of 90. Night pain in waking. Taking insaids but no longer beneficial.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient does have swelling on the medial aspect of the left elbow, does have a possible mass around the ulnar nerve at the elbow. There is also a small mass at the base of the long finger on the right over the flexor tendon. The patient does not have a ; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient has a seizure disorder. This is patient's 2nd dislocation of shoulder. 12/29/2019 member went to the ER. After XRAYs, MD found current dislocation & sac deformity.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient has failed conservative treatment, cortisone injection, time, and physical therapy. I am concerned about repeat labral injury and/or rotator cuff 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient has had numbness and tingling which is making it hard to do her job. She lifts boxes all day at work.; The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	PATIENT IS HAVING SEVERE PAIN WITH ALL ACTIVITIES OF DAILY LIVING, THERE ARE NO RELIEVING FACTORS, HAS HAD NSAIDS, ACTIVITY MODIFICATION, HURTS CONSTANTLY; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	patient's chair collapsed causing patient to fall 3 weeks ago. he has been treated with oxycodone and icy hot. Pain with all testing. Patient has probably rotator cuff pathology.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	previous treatment, reinjury, pt has weakness, ortho-pre op eval; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pt has injury that happened 6weeks ago. Had inseds, sling, steroid injections and PT with no improvement to pain. Need this to see if needing surgery for 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.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Recent fall with possible TFCC injury; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	remote hx as teenager of injuring shoulder. its likely a labral issue and has progressively gotten worse over last months. has not had any treatment. wills tart with PT and f/u 4 weeks. concerned for labral issue.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Richard Ralston is a 53 years old male from Calico Rock, AR. This patient is seen today for their intitial evaluation of left hand and wrist pain. On December 24 this man was struck on his left hand and wrist with a chair. He said persistent pain since; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Right Shoulder;;The patient's right shoulder is edematous in appearance, without skin abnormality or muscle wasting. Range of motion is 180 forward flexion, 45 ER,abd to 90. There is diffuse tenderness to palpation.Strength is normal. Jobe's is negative.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Right Shoulder;;The patient's right shoulder is normal in appearance, without skin abnormality or muscle wasting. Range of motion is 160 forward flexion, 45 ER, IR to belt line, abd to 80. There is no tenderness to palpation.Strength is normal. Jobe's is; 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.; Toradol;Naproxen; The patient received medication other than joint injections(s) or oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Shoulder pain, rotator cuff tear/impingement suspected; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Tanna Lovell is a 54 years old female from Mountain Home, AR. This patient is seen today for their intitial evaluation of pain left shoulder with radiating pain paresthasias into the left hand. This individual has had a 3 week history of increasing pain; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Tear of left rotator cuff, unspecified tear extent, unspecified whether traumatic; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	tenderness; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	14 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The patient reports pain in the right shoulder for 6 months. The pain is in the lateral aspect of the shoulder. The patient reports pain at night. The pain is described as constant, sharp, dull and aching. The intensity is 5-7. The patient has pop; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	63 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; The request is for shoulder pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	36 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	15 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; continues to have increased pain with throwing and any increased activity. 3 to 4 weeks; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	there have been no recent studies on her left shoulder but her pain is apparently arising from rotator cuff tendon dysfunction of both shoulder. she did not get much relief from the 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.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	there is significantly limited forward flexion and abduction both actively and passively . Impingement sign is positive @ 90 degreesSpeed's test is positive for bicipital tendonitis; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Unknown; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	unknown; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Vance Ryder is a 61 years old male from Lakeview, AR. This patient is seen today for their intial evaluation of chronic left shoulder pain. This individual was last seen in this office 3 years ago complaining of pain soreness in his left shoulder. At; 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	X-ray: 3 views of the right shoulder taken in the office today There is no fracture seen. There are some osteophytes on the undersurface of the acromion and some slight down sloping of the acromion.;Pt injured her shoulder in Puerto Rico trying to assis; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	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.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	ct for surgical planning of total knee replacement. robot assisted surgery; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax cinicals; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >pain on Feb 27 8 out of 10. Brace, exercise and physical therapy . MRi was done Dec 8 2019; This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Janice is here follow-up bilateral knee arthritis. Both knees bother her the right one is worse today and is swollen so today I will inject that one. 80 milligrams Depo-Medrol injected. Time shot is given 1522. Lot number X78121 with expiration March ; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	MRI is evaluated the bone marrow. The CTs are for the fracture evaluation and preoperative planning.; This study is being ordered for trauma or injury.; 01/29/2020; There has been treatment or conservative therapy.; Chronic pain, limited range of motion, swelling; Patient had bracing, INSAIDS, home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Planning for MAKO TKA. Patient has done conservative treatment to include PT.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Pre Operative CT; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Pt Bone to Bone, Pre- Op for Robotic, Total Knee; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Pt is scheduled for left Total knee replacement on 02/06/2020. Preoperative study; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Surgical planning for MAKO TKA; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Total left knee scheduled for 1/30/2020 - MAKO.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	"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.; He has ulcers on both heels; This is a request for a bilateral ankle MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	"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.; She has been having difficulty with her left ankle for about 4 months. Over the past few days she has developed similar symptoms in the right ankle. No history of any injury. She relates her pain to be posteromedial bilaterally.; This is a request for a bilateral ankle MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	A patient with persistent pain in the right ankle despite antibiotics, tincture of time, off loading, and anti-inflammatories. This situation suggests that this is either some sort of a soft tissue mass or an indolent infection. Either way the imaging t; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Abnormal xray and US; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Bypassed clinical; 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	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Cloann Jones presents today for pain in and around the distal aspect of her left Achilles mechanism. This happened in October of last year and then worsened in December of last year to the point now where it is difficult for her to bear weight on the ar; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is unknown if surgery is planned.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; There are no physical findings (palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Known or Suspected Joint Infection	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Geraldine A Lloyd is a 66 years old female from Mountain Home, AR. This patient is seen today for their intial evaluation of left hand pain specifically the middle finger. This patient has significant substantial problems with chronic osteoarthritis o; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	HPI: Pt is a 69 years old RHD Female with RIGHT knee pain for 5 months after a twisting incident. No numbness or tingling. Positive pain at night. Pain is worst with walking and better with rest.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Knee Pain (Right knee pain, 4 weeks ago ran across yard to assist someone been having swelling and pain now)The patient is experiencing tenderness in the LCL, lateral retinaculum and lateral joint line. ;;Tests ;McMurray: Lateral - positive;Valgus: p; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	New onset right knee pain, swelling, and instability, concerning for meniscal pathology.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	none; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAin that worsen with activity and improves with rest; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is unknown if surgery is planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Patient had Achilles repair secondary to excision of Haglund's 15 months ago and today the patient is c/o pain, swelling and soreness; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Patient has had catching, popping and swelling of her left knee. She has had tenderness of the medial joint line with direct palpation and McMurray's testing.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Pt is a 69 years old Female with RIGHT knee pain for 3 months after a twisting event. No locking or catching. No numbness or tingling. The pt points medially as the area of most pain. Pain is described as a sharp, achy pain that is constant and mild in se; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Right ankle injury, concerning for an Achilles tendon tear.; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	see clinicals; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	SUBJECTIVE:;Gina is here today in consideration of the RIGHT knee.;;She is a pleasant 64-year-old female who is here today with her husband in consideration of her right knee. About 2 weeks ago she was in the bathroom and felt a "catch "in her right kn; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	SURGERY WILL BE SCHEDULED WITH IN THE NEXT 4 WEEKS IF MRI SHOWS WHAT IS SUSPECTED. XRAYS WERE NORMAL; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The patient is here today for evaluation of new problem of left ankle pain. He states that the pain has been present since about 2 weeks after his right THA per Dr. Schechter, which was on 04/26/2017. He began having pain and thought that it could have b; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injuryis not suspected.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	There is a 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; This is a request for an Ankle MRI.; The study is not requested for any of the standard indications for Knee MRI; The study is requested for a reason other than ankle pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a foot MRI.; There has not been a recurrence of symptoms following surgery.; The study is being ordered for a post op.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a Knee MRI.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is Orthopedics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is Orthopedics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is NOT being planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	5	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; Arthroscopic surgery	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; Arthroscopic surgery	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Locking; Arthroscopic surgery	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	188	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	189	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is being planned.; Arthroscopic surgery	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Pain greater than 3 days; Arthroscopic surgery	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The study is 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.	19 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; A Total Knee Arthroplasty (TKA) is NOT being performed.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a 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 taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; The study is requested for a reason other than ankle pain.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	7 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; The study is requested for a reason other than ankle pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for an Ankle MRI.; The study is for Aseptic Necrosis; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; The study is requested for a reason other than ankle pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	unknoen; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Unspecified internal derangement of rt. knee; 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	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	; This study is being ordered for a neurological disorder.; 06/26/2019; There has been treatment or conservative therapy.; swellingRecommend MRI of hip and L-spine due to his continued complaints of pain around the hip and posterior back and radicular symptoms radiating down across the hip and lower leg.; NSAIDS, home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	LEG CALVES TERTATS DISEASE; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	PT HAS DONE INSAIDS INJECTIONS HOME EX, PT AND PAIN HAS INCREASED; This is a requests for a hip MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	R groin, lateral, posterior hip pain & R lateral thigh pain.He has numbness,tingling & burning in both hands & feet.He has been undergoing chemotherapy for Langerhans Histiocytosis. Positive for nausea and vomiting. A lucent lesion w/ some endosteal sca; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; The hip pain is due to a mass.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	18 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	To rule out Ladrar tear; This is a requests for a hip MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Traumatic injury. foot/leg got caught comign off tractor. over amonth ago now. pain consistend in deep groin with occassinoal popping/catching within the hip. NSAIDS and rest have not helped. concerned for labral tear in this young worker. will plan on MR; This is a requests for a hip MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Mass identified on the Left Kidney during an ultrasound. Radiologist recommended an MRI with and without contrast for further characterization utilizing renal protocol; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Approval	S8042 MAGNETIC RESONANCE IMAGING LOW-FIELD	Loretta K Wilson is a 67 y.o. right hand dominant female here for evaluation of her right shoulder pain. The patient reports pain in the right shoulder for 6 months. This was not the result of an injury. The patient has not had previous surgery on the s; This is a request for a low field strength MRI	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting radiculopathy documented on EMG or nerve conduction study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Up until last year, Pt did running but has been unable to run up until last year.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/9/2019; There has been treatment or conservative therapy.; Pt has pain radiating down to legs. Pt has 5/5 strength on all lower extremities. Pt has numbness in lower left leg. Pt has had muscle relaxers, and anti inflammatory.; Pt had physical therapy, and an injection. Pt was given pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Up until last year, Pt did running but has been unable to run up until last year.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/9/2019; There has been treatment or conservative therapy.; Pt has pain radiating down to legs. Pt has 5/5 strength on all lower extremities. Pt has numbness in lower left leg. Pt has had muscle relaxers, and anti inflammatory.; Pt had physical therapy, and an injection. Pt was given pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; Surgery is scheduled within the next 4 weeks.; The patient 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 last Cervical Spine MRI was performed within the past two weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal exam; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Exam revealed numbness in right index, long, and ring fingers; abnormal right radial nerve sensation; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical spondylosis with radiculopathy. Patient specifically has left C7/C8 radiculopathy on clinical exam and this needs further evaluation and treatment. Advanced imaging studies will enable further evaluation and treatment especially if the patient do; 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Good cervical motion, very weak on grip of both hands, xray shows diffuse disc, neww onset of bilateral hand weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 01/28/2020; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	He has occasional numbness about the hand and this has lasted up to 3 days in the past. He denies any new injuries or trauma. He is right-hand-dominant.;The patient's past medical history and comprehensive review of systems has been reviewed at today's v; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	increasing amounts of neck pain with numbness and tingling involving his upper extremities. The pain is present consistently in his upper extremities but not so much in the lower extremities; to rule out any abnormality within that region given the 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It has been recommended by her CT scan back in 2011 that she have an MRI. She does not have that in her history here. She does not remember ever having that done, so I would get an MRI of her neck also. Whether she needs surgical referral for referral ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She has some pain with resisted forward elevation and scaption, a little bit of weakness with that also at 4/5.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MRI of the cervical spine for further evaluation and treatment of cervical radiculopathy to ascertain the location and severity of neurocompression which will enable further treatment; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MRI of the cervical spine to rule out neural compression as well as location and severity. X-rays show evidence of multilevel cervical spondylosis that is severe at C5-C6 and C6-C7 with associated disc space collapse and anterior osteophyte formation. Th; 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.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness and tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; chronic neck problems, pain radiating down arms and tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain arm in L arm; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle spasms in the arms, difficulty lifting arms and getting dressed.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient complains of Lt shoulder pain. ALSO, C-Spine Special: cervical compression test: positive.;C-Spine Inspection: C4/C5 tender to palpation, C5/C6 tender to palpation, and left paraspinal musculature tender to palpation; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; X-rays of the c-spine were ordered and obtained, demonstrating the following findings: There is loss of lordosis. Visual inspection of the joint spaces reveal arthritic changes in the posterior elements, decreased disc space C5-C6, decreased disc space ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a history of headaches, pain and radicular symptoms of the neck radiating down into left arm.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; There is a moderate degree of midline tenderness to palpation about the cervical spine. He has pain with neck range of motion. The patient has radicular symptoms at the C6-C7 nerve distribution of the left upper extremity with range of motion of his head; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had bi-lat shoulder pain and neck the symptoms began suddenly 4 weeks ago pain is severe with a rating 9/10 the symptoms are sharp and are constant. The symptoms are made worse with lying in bed; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had Lumbar and Thoracic surgery in the past for severe stenosis. Requesting MRI of the Cervical spine to rule out stenosis also present in Neck; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient still having pain despite conservative therapy and injections to the site; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/6/2019; There has been treatment or conservative therapy.; Severe back pain with radiculopathy. Pain in the right sacroiliac joint in her neck and back.; the patient has tried conservative care including nonsteriodal anti inflammatory medication, lifestyle modification, spinal exercises, rest and time healing for 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>pt has had rt shoulder and neck pain for several mths. treated w medrol dose pack, nsaid, pain meds, and PT with no improvement. need mri cervical spine to eval for any nerve impingement or damage; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; rt upper ext weakness and numbness of rt hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is a 62 years old RHD Male with RIGHT shoulder pain for some time. No specific injury is noted for this onset of pain. The pt states he was injured 15-20 years ago in wrestling as well as experienced a few falls last summer. No pain at night. The pt do; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	TENDERNESS @ MIDLINE PARASPINAL AND TRAPEZIALRANGE OF MOTION DECREASED FOR CERVICAL FLEXTION; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has weakness in the upper extremities. She does have a positive spurlings test on her exam. She does explain that she has started being unable to hold and pick up objects at times.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>X-rays: X-rays of the cervical spine are made. These x-rays show no evidence of fracture or dislocation.;;Impression: Mild shoulder instability which is definitely help with therapy exercises. Neck pain consistent with possible cervical 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.; Mrs. Hopkins is seen today for a new problem and subsequent followup. His woman is seen today for follow-up mild instability right shoulder. She is been in a therapy program. She notes her shoulder definitely does feel better if she continues her exerc; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/19; There has been treatment or conservative therapy.; Chronic back pain with radiculopathy. Not able to be active without pain. X ray shows space narrowing at L5-S1; Patient has had Gastrointestinal and GYN work up with no relief. Back pain is severe.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	1-year-old gentleman with some chronic Mid and low back pain. Low back pain has progressed. He is having bilateral hip pain. He is undergone multiple different sessions of physical therapy over the years. He is recently completed 5 weeks of physical thera; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	She has greater than 8 month history of low back pain. She also has chronic mid back pain, which has been present for 1 1/2-2 years. She reports she has fallen twice a couple of months ago, she slipped on a wet surface. Pain is moderate in intensity and s; This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; limited ROM with pain worse with flexion, lumbar paraspinal tenderness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/19; There has been treatment or conservative therapy.; Chronic back pain with radiculopathy. Not able to be active without pain. X ray shows space narrowing at L5-S1; Patient has had Gastrointestinal and GYN work up with no relief. Back pain is severe.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Buttox and hip pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 8weeks. pain increased; Baclofen, Tylenol #3, and Moltrin OTC meds	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic history of low back and neck problems. The low back is his main complaint. Along with low back pain, he has radiating pain into his legs, bilaterally, with the main area of radiating pain being the anterior thighs. However, there radiating pain is; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DFor associated symptoms, patient reports weakness. For duration, he reports ___ years. For frequency, he reports constantly. For severity, he reports average pain level over the last week 9/10. For location, he reports low back both, midocument exam find; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic Mid and low back pain. Low back pain has progressed. He is having bilateral hip pain. He is undergone multiple different sessions of physical therapy over the years. He is recently completed 5 weeks of physical therapy with no improvement. He has ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; reflexis are sametric	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; back stretching exercise 7 weeks and still in pain	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	has had chronic lpb for yrs, but recently worsening and more consistent. no radicular pain, numbness, tingling, or weakness. has seen chiropractor several times w/o benefit and tried anti inflammatories w/o long term benefit. Xrays lumbar spine shows denge; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>pain in and around the right thigh. The patient states that he was playing golf approximately 2 months ago when he felt a pop in the posterior aspect of the thigh after a big swing. He states that he was still 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 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.; TREATMENT AND PLAN: Conservative care at this point - stretching and NSAID'S. We will follow up with him again in 4 weeks. I have asked him to take a</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>id thigh radiating down to the knees and also some numbness especially in the lateral distal thigh with a little bit of numbness in the distal right thigh. She has a history of previous back troubles and has been told that she does have degenerative disk d; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; difficulty walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain radiating into bilateral hips and into 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.; pain going all the way down her leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain with flex and rotation, persistent leg pain, deminished relaxes at the ankle.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient did home treatment for 8 weeks and had no improvement.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had a recent abnormal EMG showing a rare cerumen neuropathy as well as radiculopathy and previous spinal cord injury with devastating neurological problems; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD KNEE PAIN AND SWELLING, RADIATING FROM HER LEFT BUTTOCK TO LEFT FOOT, HAS NUMBNESS, XR SHOWS MILD DJD, TAKES CELEBREX, WAS IN A CAR ACCIDENT ON FEB 28, HAS MORE PAIN SINCE THEN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has radiating pain to left hip and left lower extremity he has tried conservative treatment that has been 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.; Patient has weakness in left lower extremity upon standing and walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has some lumbar degenerative changes near the fovea. she has some degenerative changes worse at L4-L5, L5- S1 with a mild scoliosis and some posterior facet changes at L4-5 and L5-S1; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient still having pain despite conservative therapy and injections to the site; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/6/2019; There has been treatment or conservative therapy.; Severe back pain with radiculopathy. Pain in the right sacroiliac joint in her neck and back.; the patient has tried conservative care including nonsteriodal anti inflammatory medication, lifestyle modification, spinal exercises, rest and time healing for 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Pt is a 39 years old Female with LEFT hip pain started on December 6,2019 after no initial injury. Patient points to the SI-joint as the most painful area. Pain is worst when sitting and better with standing. Pain is described as tender and sore. No thera; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is a 69 years old Male with RIGHT hip pain for 1 month. There is no specific injury noted. The pain is described as sharp, achy, pain that is intermittent and 3 out of 10 in severity. The pain is worse with getting up in the mornings and better with ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Meloxicam;Steroid Dose Pack	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	suspicion of pinched nerve, symptoms are worsening and conservative treatments not working; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient persist to have radicular pain. The patient has tried conservative care including nonsteroidal anti-inflammatory medication, lifestyle modification, spinal exercises, time healing and rest. Degenerative disc disease is present without translat; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle weakness, 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	We will order an MRI of the lumbar spine to rule out sciatica. She has pain in the buttock that radiates down the side of her thigh; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	X-rays of his low back do not show any obvious abnormality this is a 33-year-old gentleman with multiple medical problems who I previously performed a lumbar revision decompression with discectomy on the left at L5-S1. He now comes back with worsening upp; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	X-rays show a mobile spondylolisthesis at L4/ L5. There are multilevel degenerative changes that are significant. There is some significant lateral bony abnormality at the lower levels lumbar spine, although this is likely osteophyte production given th; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	onset of pain around March 4, fell out of bed, back pain, worse on the left lower and right lower aspect of the back, worse on the right side. Radiates down the gluteal region into the posterior thigh and stops just below the knee. Pain is worse with si; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is NO physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt is a 39 years old Female with LEFT hip pain started on December 6,2019 after no initial injury. Patient points to the SI-joint as the most painful area. Pain is worst when sitting and better with standing. Pain is described as tender and sore. No thera; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt is a 39 years old Female with LEFT hip pain started on December 6,2019 after no initial injury. Patient points to the SI-joint as the most painful area. Pain is worst when sitting and better with standing. Pain is; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; n/a; Previous surgery, therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow up office visits.; injection 6mL of 1% Lidocaine0100304094276175, and 1mL of 40mg;Depo-Medrol 0100300093073012.;Methocarbamol 750 MG; The patient received medication other than joint injections(s) or oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Andy Ledford is a 38 years old male from Briarcliff, AR. This patient is seen today for their intitial evaluation of right shoulder pain. This man notes that he has a one-year history of increasing problems with pain soreness in the right shoulder. Thi; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; 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.; trying to get full range of motion, had xrays on 12/03/19, mild spuring, pain at night while sleeping , range of motion not improved after exercises, has started PT but could not finish due to pain; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	LEFT SHOULDER PAIN FOR 10 MOS.NO IMPROVEMENT W/THERAPIES; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Left: tenderness of the acromioclavicular joint and the greater. ;Left: tenderness of the supraspinatus and the infraspinatus.forward flexion (150 deg.)decreased sensation of the outer upper arm (C5).;;Radiographic Findings: no fracture, no dislocatio; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI right wrist to evaluate for scapholuate ligament tear. Patient has tenderness over scapholunate ligament and ROM decreased secondary to 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 request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; n/a; Previous surgery, therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has been having shoulder pain since june 2019 and burning, deep pain...aggravated by almost any movement; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PHYSICIAN CAN FEEL PALPABLE CLICK, PT IS HAVING PAIN, DECREASED RANGE OF MOTION, POPPING, HAVING TROUBLE SLEEPING, PAIN INTERFERES WITH DAILY ADL'S, POSSIBLE 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.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt is a 62 years old RHD Male with RIGHT shoulder pain for some time. The patient states he was injured when wrestling 15 to 20 years ago. He reports of having a few falls last summer as well. No pain at night. Numbness and tingling noted to the Rt hand.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt. is 56 yr old female who complains of rt shoulder pain. She has had pain for several years. I seen her 3 yrs ago and we tried an injections. She continues to have pain with overhead activities and discomfort at night. She had H/O fall and remote injury; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder Pain ;Onset: on 12/01/2019. Severity level is 0. It occurs occasionally and is worsening. Location: left shoulder. The pain is aggravated by lifting, movement and pushing. The pain is relieved by rest. Associated symptoms include decreased; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	suspected rotator cuff tears in both shoulders that is affecting quality of life.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; bilateral shoulder pain that has been going on for 3 years. X-rays taken 2/20/2020 are normal. suspected bilateral shoulder rotator cuff tears. patient has positive supraspinatus testing, pain with overhead lifting. pain with external rotation on both upp; There has been treatment or conservative therapy.; bilateral shoulder pain pain with overhead lifting, see prior notes.; already given in previous notes.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The right shoulder shows him to have pain with abduction past 75 degrees and with impingement testing, which is positive. His strength appears to be 5/5 with abduction and internal and external rotation very weak at 2/5 with forward elevation of resisted; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	UNKNOWN; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Assessing healing process; This study is being ordered for trauma or injury.; 11-11-19; There has been treatment or conservative therapy.; Ankle and leg pain; Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	eval bone structure; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	MRI is evaluated the bone marrow. The CTs are for the fracture evaluation and preoperative planning.; This study is being ordered for trauma or injury.; 01/29/2020; There has been treatment or conservative therapy.; Chronic pain, limited range of motion, swelling; Patient had bracing, INSAIDS, home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	oreoperative planning; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	patient is scheduled for a right Total Knee Replacement MAKO.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is scheduled for a right total knee replacement on 3/12/2020 using the MAKO robotic system; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	per MRI studies- Possible fracture of the inferior left acetabulum; This study is being ordered for trauma or injury.; 1/2018; There has been treatment or conservative therapy.; The left hip pain occurs at night and occurs in the morning. The left hip pain is described as;sharp, aching, throbbing, dull, and popping and is associated with groin pain, thigh pain, limited ROM of hip, leg weakness, difficulty arising from a seated p; non-weight bearing with crutches & medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Planning for MAKO TKA; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	primary OA per xray, pt has had physical therapy, nsaid, narcotics, bracing steroids w no relief. pt has decided on knee replacement, need ct for surgical planning; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Total knee replacement scheduled 3/8/2020. MAKO; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Total right knee arthroplasty scheduled on 1/30/2020; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; He has ulcers on both heels; This is a request for a bilateral ankle MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"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.; She has been having difficulty with her left ankle for about 4 months. Over the past few days she has developed similar symptoms in the right ankle. No history of any injury. She relates her pain to be posteromedial bilaterally.; This is a request for a bilateral ankle MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	ABN x-ray;; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	Achilles nodularity; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 12/2019; There has been treatment or conservative therapy.; bilateral knee pain, tenderness, difficulty in walking.; medication, injection, HEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Laboratory results from 8/27/2019 were negative for RA and ANA. Her TSH was elevated at 5.852, ESR 26, CRP 13. We will try to get her in with rheumatology as her hands also are having achiness and soreness and pain. Said the injections are not helping, 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.; August 2019; There has been treatment or conservative therapy.; pain that is affecting all ADL's, interrupting sleep, patient has clicking, popping and has fallen; patient has had physical therapy, anti-inflammatories, bracing and visco-supplementation, these have all failed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	MRI is evaluated the bone marrow. The CTs are for the fracture evaluation and preoperative planning.; This study is being ordered for trauma or injury.; 01/29/2020; There has been treatment or conservative therapy.; Chronic pain, limited range of motion, swelling; Patient had bracing, INSAIDS, home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	MRI left ankle due to ongoing pain in medial left ankle. suspect tears in posterior tibial tendon; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	new patient evaluation, right ankle pain, posterior tibial tendon tear. seen 1/16/2020 for evaluation of chronic right ankle pain, this has been ongoing for about 3 months, she has been seen by an outside provider and diagnosed with posterior tibial tendi; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Pt is a 35 years old Female with LEFT foot pain for several months. No specific injury is noted. No numbness or tingling is noted. The pain is described as a sharp, achy pain that is mild in severity. The pain is worse with walking and better with rest. T; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	rupture of tibialis tendon - need to see status of this to see if surgery is needed.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.; The study is requested for a reason other than ankle pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is Orthopedics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2019; There has been treatment or conservative therapy.; MRI shows arteries in both knees; At home exercises, muscle rubs, pain medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	X-RAYS:;AP pelvis and frog lateral of each hip reveals that he has classic findings of cam impingement with reactive osteophyte formation on the anterior femoral neck of each hip and cam shaping of the femoral heads and with some mild narrowing of the le; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/2020; There has been treatment or conservative therapy.; t has aching, dull, sharp and throbbing qualities.;Rest does give relief. Lifting, squatting, exercises, lying in bed activities, all aggravate his symptoms. He has tried physical therapy and also steroid injection. He has also had some mild symptoms of; physical therapy, steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Left Kidney Lesions; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Left Kidney Lesions; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Worsening symptoms. Thyroid was tested. Abdominal pain and vomiting. Symptoms are aggravated by bending and lifting.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Worsening symptoms. Thyroid was tested. Abdominal pain and vomiting. Symptoms are aggravated by bending and lifting.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	see clinicals; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Orthopedics	Disapproval	S8042 MAGNETIC RESONANCE IMAGING LOW- FIELD	Radiology Services Denied Not Medically Necessary	Mechanical knee symptoms: locking, catching, snapping, crepitus Moderate DJD both knees pain in and around the medial aspect of the right knee. The patient states that there is pain with any type of range of motion, but in particular, twisting motions. ; This is a request for a low field strength MRI	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Osteopath	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70450 Computed tomography, head or brain; without contrast material		f/u after seen in ED 12/19/19. Pt reports she was shopping and standing in line when she felt "like might pass out". Someone got her chair and she remembers sitting down but nothing after that until she awoke in the ED.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70450 Computed tomography, head or brain; without contrast material		syncope; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Evalute thyroid cancer for recurrence/restaging scan; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	RECURRING HEADACHES FOR SEVERAL MONTHS AND MEDS DON'T WORK. EVALUATE FOR CAUSE; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Evalute thyroid cancer for recurrence/restaging scan; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	lung rads 4B; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Other nonspecific abnormal finding of lung field; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given; Previous lumbar MRI in;2017 showed stenosis in the lower levels of his spine. Discussed proceeding with;repeat lumbar MRI as well as cervical MRI as last cervical MRI was obtained in 2015.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has been treatment or conservative therapy.;; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given; Previous lumbar MRI in;2017 showed stenosis in the lower levels of his spine. Discussed proceeding with;repeat lumbar MRI as well as cervical MRI as last cervical MRI was obtained in 2015.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Neurology - Sensation: various paresthesias reported with decreased sensation to;light touch in a stocking distribution; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.;	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	NON HEALING WOUND ON LFT FOOT DESPITE 4 WEEKS OF STANDARD CARE LOOKING FOR OSTEOMYELITIS; This is a request for a foot MRI.; The study is being oordered for infection.; It is unknown if there are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Limited range of motion; Surgery is NOT being planned.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has a fever.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has a fever.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); will fax clinicals; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); will fax clinicals; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, 78451	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	No treatment help; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient can't have a MRI due to metal in his head.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	RECURRING HEADACHES FOR SEVERAL MONTHS AND MEDS DON'T WORK. EVALUATE FOR CAUSE; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Positive for fatigue, weakness,;decreased concentration and sleep disturbance. The patient is nervous/anxious. Positive for arthralgias and gait problem. Negative for neck stiffness. ;Deep Tendon Reflexes: Reflexes abnormal. ; Reflex Scores:; Pa; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	hodgkins lymphoma that is across most of the patient's lymph nodes; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Pt. has a dilated aortic root. Seen on Cardiac cath done on 01/06/2020.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; It is not known whether there are signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	CERVICAL RADICULAPATHY; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The pain is hurt real bad and its not all the time in her neck, just HAS , and the patient rates the pain 9 to 10/10. Pain is better with: narcotic pain medications. Pain is worse with: nothing in particular. Tried ice, OTC NSAIDS and heat with no relief; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	BACK PAIN: LOW BACK CENTER OF BACK. SHARP PAIN. BENDING MAKES IT WORSE. PAIN IS PRESENT FOR A FEW YEARS BUT GETTING WORSE. PAIN RADIATES TO THE RIGHT HIP. DENIES WEAKNESS IN LEGS. SWELLING TO BOTH OF HER LOWER LEGS AND NUMBESS TO UPPER ANTERIOR THIGH. HAS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; BACK PAIN: LOW BACK CENTER OF BACK. SHARP PAIN. BENDING MAKES IT WORSE. PAIN IS PRESENT FOR A FEW YEARS BUT GETTING WORSE. PAIN RADIATES TO THE RIGHT HIP. DENIES WEAKNESS IN LEGS. SWELLING TO BOTH OF HER LOWER LEGS AND NUMBESS TO UPPER ANTERIOR THIGH. HAS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain radiates to the leg, known genetic disk disease, LRO, Spasms in lumbar spine, Rotation pain, Tenderness lumbar spine; This study is being ordered for a neurological disorder.; 01/01/2017; There has been treatment or conservative therapy.; Burning pain in lower leg, weakness, tingling; Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has chronic back pain but he is experiencing increased acute pain to lower back. No known injury has been noted.;Patient had an MRI in 2018 with these findings: Multilevel degenerative changes. There is mild-moderate spinal canal narrowing at the; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having weakness in bilateral legs. He is requiring the use of a cane for ambulation and is stooped forward from pain which can increase his risk for falls or other injury.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	hodgkins lymphoma that is across most of the patient's lymph nodes; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain radiates to the leg, known genetic disk disease, LRO, Spasms in lumbar spine, Rotation pain, Tenderness lumbar spine; This study is being ordered for a neurological disorder.; 01/01/2017; There has been treatment or conservative therapy.; Burning pain in lower leg, weakness, tingling; Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	lateral shoulder pain.;The pain is effecting her ADL's.;The patient states, "I can not even brush my hair without great pain".;Physical exam today. Joints- Shoulder: Shoulder site : Bilateral. Tenderness: Present 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.; 08/13/2019; There has been treatment or conservative therapy.; The patient complains of increased bi-lateral shoulder pain.;The pain is effecting her ADL's.;The patient states, "I can not even brush my hair without great pain".;Physical exam today.; Treatment History: Professional caregivers seen in the past for pain include Primary Care Physician, Pain;Medicine Physician and nurse practitioner. The following tests have been done in the past to evaluate pain;condition : blank . She has tried follow; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	hodgkins lymphoma that is across most of the patient's lymph nodes; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		More than once a year UTI- Symptoms are worsening- increased urination frequency- Burning with urination.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	More than once a year UTI- Symptoms are worsening- increased urination frequency- Burning with urination.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct"	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	12 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	13 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear;	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	1.Nasal obstruction secondary to deviated septum, turbinate hypertrophy, as well as, nasal polyps.;2.Chronic sinusitis.;3.Asthma.;4.Allergies. ;We will get a CT scan of her sinuses to further evaluate the polyps. I went over options with her. Sh; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	52 year old having trouble with nasal congestion and having trouble tolerating cpap. She feels too much pressure in the nose at hs and pulls the mask off. ; Evaluate nasal stenosis. She was last seen here on 2/5/19 with complaints of dizziness and hear; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Chronic ethmoidal sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Chronic maxillary sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Chronic right facial pain, uncertain etiology. It seems to involve the soft tissue of face over the sinus area on the right . It has been going on for 4 years, getting worse. It seems to be inflammatory. It seems to be some related to possible TMJ or m; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	CHRONIC SINUSITIS FOR YEARS, LOSS OF SMELL AND DECREASE IN SENSE OF TASTE FOR THE PAST 1.5 YRS.FREQ. HEADACHES, HAS BEEN ON ALLERGIY MEDS, DECONGESTANTS, STEROIDS INJECTIONS AND PILLS, ANTIBIOTICS, BACTROBAN WASHES, SINGULAIR AND LONG TERM TOPICAL STEROID; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	13 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	eval if surgery is necessary; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	FREQ SINUS INFECTIONS ALL HER ADULT LIFE, HAS HAD X2 2001 AND 2004 SINUS SURGERIES WHEN SHE LIVED IN NJ. PT HAS HAD HX OF POLYPS AND HER SEPTUM HAS SLIPPED OUT OF PLACE SINCE SURGERY. HAS FACIAL HEADACHES, PRESSURE, EVEN PRSSURE INTO HER NECK, NASAL CONGE; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	HEADACHES, AND HAS HAD 2-ZPAKS. HAS HAD LONG TERM FLONASE, ZYRTEC AND BACTROBAN. PT IS NOW INTERESTED IN PURSUING SURGERY REPAIRS. HAS HAD NO RELIEF.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	James B. Peppers is a 38 year old Caucasian/White male that presents at this time for f/u nasal polyps. Pt reports he completed the Levaquin and symptoms improved until completion of abx. He continues using Xhance. ;; ;1/30/20;James B. Peppers is a 38; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	none; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient has blood coming from maxillary sinuses; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient has had 6 episodes of sinusitis in the past 12 months, 3 infections in past 3 months; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient reports that in 12/18 she began to have left-sided facial pain. She broke a tooth off around the same time requiring dental implant, which did not resolve the pain. She describes the pain as dull and aching. Mucinex seems to improve her symptoms. ; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Pt has had recurrent episodes of sinusitis even after conservative methods of treatment; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	pt has nasal congestion/nasal discharge/facial pressure for 7 months; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	See Clincials; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	The patient is a 33 year old Caucasian/White female who presents with moderate nasal congestion that began 1 year ago. The congestion involves both sides of the nose and the sinuses bilaterally. The onset of symptoms was gradual and was not associated wit; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	The patient is a 59 year old Caucasian/White female who presents with moderate nasal congestion that began 20 years ago. The congestion involves both sides of the nose and the sinuses bilaterally. The onset of symptoms was gradual and was not associated w; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	The symptoms are reported as being moderate. The symptoms occur daily. She has a long history of sinus problems. Her current problems have been going on for more than 6 weeks. These consist of daily facial pressure and discolored nasal drainage that is ; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	17 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	We are ordering a CT of sinuses to evaluate for persistent sinusitis or blockage; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	62 year old female referred by Dr. Christopher Trinh for tongue evaluation. This encounter is a telemedicine encounter due to the COVID-19 pandemic isolation restrictions. She was seen in the past for left tongue swelling. An MRI of orbit/face/neck was pe; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	A mass on right side that is enlarging; 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 a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Head and neck, sensory abnormalities; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	left sided TMJ swelling, possible mass; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Mass found with a scope on the base of the tongue.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Melissa Meade is self referred. ;Her reason for this visit is Right Ear Pain. ;Her problem has been present for 1 year. ;She describes the problem as moderate in severity. ;She describes the symptoms as right ear pain, nasal congestion, dizziness. ;S; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Pathology is not back yet from fine needle biopsy. ;Probable surgical candidate. Palpable mass in parotid gland.; This is a request for neck soft tissue CT.; It is not known if the patient has been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient is having difficulty swallowing, she feels like something is stuck in her throat due to the pressure of the mass.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Right submandibular mass 3 cm x 3 cm, firm and mobile;No flow right wharthon's duct; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	right-sided neck pain and recurrent headaches; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	the right submandibular gland is more prominent than the left, and is firm; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abcess.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are new or changig symptoms in the neck.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	will fax clinicals; This is a request for neck soft tissue CT.; The patient has 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 a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015 but recently getting worse; There has been treatment or conservative therapy.; Right sided facial pain, severe headache, right jaw indental pain, intermittent right eye swelling and watering, external tenderness to skin on right side of face and neck, symptoms are localized along v2 distribution; OTC pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Patient reports she has had swelling of the left side of her tongue for approx 2 months. Her tongue does not seem to move normally to the left making it difficulty to talk and eat properly at times. Her tongue does not hurt. Patient reports history of thy; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging,	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Pulsatile Tinnitus in the right ear over the past 5 months pressure on right carotid makes the pain go away, worse when lays back dizziness and occasional headaches ears normal on exam concerned there may be a problem with the carotid; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chronic headaches with moderate nasal dryness. No signs of acute infection or mass on scope today. Recommend MRI of the brain without contrast with history of chronic headaches. PCP controls her current medication. We discussed getting a Neurology eval; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015 but recently getting worse; There has been treatment or conservative therapy.; Right sided facial pain, severe headache, right jaw indental pain, intermittent right eye swelling and watering, external tenderness to skin on right side of face and neck, symptoms are localized along v2 distribution; OTC pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Evaluation of neurologic symptoms or deficits; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	hearing loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	see no signs or symptoms of chronic infections today, but I do recommend MRI of the brain with and without contrast secondary to frequent headaches. We will evaluate both brain and sinuses and if there is evidence of any sinus blockage on this, we will b; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	20	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has hearing loss.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	72125 Computed tomography, cervical spine; without contrast material	none; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	78071 Parathyroid planar imaging (including	This is a request for Parathyroid SPECT imaging.; Necessary for pre-op evaluation for adenoma localization	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired	Initial work up of B cell lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70336 Magnetic resonance (eg, proton) imaging,	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor.ostct"	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral SNHL, ETD and symptoms of chronic sinusitis.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	chronic nasal congestion. Will start her on montelukast and order a CT of sinuses.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	chronic sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Continued facial pain with not relief from antibiotics; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	CYCLING THRU FREQUENT INFECTIONS 4 INFECTIONS IN THE PAST 5 MONTHS W EXACERBATION OF COUGH DUE TO DRAINAGE.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	h/a, nasal obstruction; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Patient called today with c/o headaches. He stated that his dizziness is better but his HA are getting worse. Called and suggested a CT of his sinuses to possibly r/o a sinus infection or something else since his dizziness is better; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Positive for sinus pressure and sinus pain; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Recurrent AOM;Chronic Otitis Media with effusion;Chronic adenotonsillitis;Adenotonsillar hypertrophy;Obstructive sleep apnea;Rhinitis;Adenoiditis;Hearing loss; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has had previous sinus surgery. Now having nasal congestion, fatigue, fever, fatigue, sneezing. She has taken 5 different antibiotics with no improvement; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The time since onset is unknown; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	CT is being ordered to rule out Tumor and scan mastoids.; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Difficulty swallowing. Neck pain and swelling. Worsened in the past 6 months.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/31/2018; There has been treatment or conservative therapy.; chewing issues, cough, enlarged tonsils,; tracheal dilation, tracheal biopsy, pre-op scans,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluate shotty lymph nodes. She reports that she is here due to some bumps on her neck and under her right arm. She states that she has one on each side of her neck and one in the middle. She reports that she noticed the fist one in September. She report; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	PT IS C/O NECK AND JAW PAIN. PAIN IS MOST LIKELY MUSCULOSKELETAL BUT NOT DEIFINITE. CT SCAN OF THE FACE WAS NEGATIVE; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	sore throat; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/31/2018; There has been treatment or conservative therapy.; chewing issues, cough, enlarged tonsils,; tracheal dilation, tracheal biopsy, pre-op scans,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Initial work up of B cell lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	74176 Computed tomography, abdomen and pelvis; without	Radiology Services Denied Not Medically Necessary	Initial work up of B cell lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Otolaryngology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		none; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70490 Computed tomography, soft tissue neck; without contrast material		HODGKIN LYMPHOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	5 y.o. with a genetically confirmed diagnosis of neurofibromatosis type I and a left/chiasmatic optic pathway glioma and hydrocephalus likely due to a chiari malformation status-post an ETV performed by neurosurgery 9/1/2017; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	5 y.o. with a genetically confirmed diagnosis of neurofibromatosis type I and a left/chiasmatic optic pathway glioma and hydrocephalus likely due to a chiari malformation status-post an ETV performed by neurosurgery 9/1/2017; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	NF, optic glioma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; 'None of the above' describe the headache's character.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	HODGKIN LYMPHOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HODGKIN LYMPHOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider is NOT a Cardiac Surgeon, Cardiologist, Thoracic Surgeon or Hematologist/Oncologist; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	NF, optic glioma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Rule out moya moya; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pediatrics	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast		This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient has tried a chiropractor, PT, gabapentin, Nsaids, Flexeril and Tramadol for symptoms. Plain xrays of Cspine shows severe spondylosis, severe disc degeneration, grade 3 1 anteriolisthesis. Dr. recommends an MRI to evaluate for myelopathy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>She experiences neck pain that radiates into her upper extremity and she experiences numbness tingling in her hands or feet. She has not had any nerve studies. She has had x-rays of her shoulder but has not had any advanced imaging other than x-rays. She ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; chronic pain in the head, neck, lower back, left arm, right arm, left hand, right hand , left knee, right knee , left ankle, and right ankle which has been present for years. Patient presents today for evaluation chronic pain. She has been diagnosed with ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>She has already tried and not responded to many of the possible treatment modalities including PT, muscle relaxants, OTC analgesics including acetaminophen & or NSAIDs. There is no indication for surgery. She hopes to reduce her reliance on oral Rx. She ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Deep Tendon Reflexes: Abnormal reflex: brisk, downgoing plantars</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	As their more recent onset of radicular leg pain and weakness represents an abrupt change in neurologic status, likely representative of acute radiculopathy with clinical concern for intervertebral disc herniation, I will defer referral for conservative m; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of 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 weakness as well as reflex abnormality... L3-L4 Motor Strength on the Right: Knee extension quadriceps 5/5, ankle dorsiflexion tibialis anterior 4_/5;L5 Motor Strength on the Right: hip abduction gluteus medius 3/5, great toe extension extensor ha	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	completed 6 weeks of conservative medication therapy with a follow up upon completion.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Limited flexion of l spine	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	L-Spine AP/LAT at OA reviewed: Extensive/severe spondylosis + disc degeneration. L3 and L4 grade 1 listhesis.; The study 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.; Right patellar reflex depressed and achilles reflex depressed, Left patellar reflex depressed and achilles reflex depressed, Right and left ankle dorsiflexion tibialis anterior. Right: plantar flexion gastrocnemius 3/5. S1 Motor Strength on the Left: plan	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Severe spondylosis. L4-5 grade 1 listhesis, moderate disc degeneration. L5-S1 moderate to severe disc degeneration. Right L5 radiculitis.; The study 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.; Straight leg raise test positive, Slump test (seated straight leg raise) positive	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast		This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	As their more recent onset of radicular left arm pain and weakness represents an abrupt change in neurologic status, likely representative of acute radiculopathy with clinical concern for intervertebral disc herniation, I will defer referral for conservat; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left elbow extension; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	As their more recent onset of radicular right arm pain and weakness represents an abrupt change in neurologic status, likely representative of acute radiculopathy with clinical concern for intervertebral disc herniation; 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.; Right C6, C7 impaired dermatomal sensation and decreased DTR at C5-6. Right biceps reflex depressed and brachioradialis reflex depressed	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neurologic: no memory problems, no falls, no numbness, weakness, unsteady gait; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	As their more recent onset of radicular leg(s) pain and weakness represents an abrupt change in neurologic status, likely representative of acute radiculopathy with clinical concern for intervertebral disc herniation, I will defer referral for conservativ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Impression;;1.Low back pain.;2.Lumbar radiculopathy.;3.Herniated nucleus pulposus.;;Plan: ;We will get a left-sided L5-S1 block, and we will also get an MRI of the lumbar spine. The patient can follow up in two weeks after imaging is completed; The study 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.; On exam, he is awake and alert, oriented x3. He appears to be in significant amount of pain. His sensation is intact to light touch. There is no clonus. He has decreased range of motion of the left ankle secondary to it being fused. There is a positi	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Archer presents with exacerbated pain after picking up a spoon from the ground on 10/12/19 with "sharp, burning" low back pain with "shooting, stabbing" referral into right leg, aggravated with sitting, standing, lying down, exercise, and transitional; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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.; oral/IM steroid treatment.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	no weakness, no bowel/bladder changes, no fever/chills, no falls, and no need for assistive devices due to this problem. For previous spine physical therapy, she reports did not help. For oral or intra-muscular steroid treatments, she reports none. For pre; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has only been seen once with the ordering physician. He has had previous x-rays performed one his knee and back but an MRI is needed in order to establish a correct treatment plan.; This study is being ordered for trauma or injury.; Unknown exact date but onset year would be 2000; There has been treatment or conservative therapy.; Severe low back pain and bilateral knee pain that is worse in the right knee. Patient is unable to stand, sit, or drive for long periods of time without added pain.; Patient has tried and failed anti-inflammatory medications, hot and cold packs, water aerobics, and at home stretching.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Transitional anatomy (Bertolotti Syndrome).; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient has only been seen once with the ordering physician. He has had previous x-rays performed on his knee and back but an MRI is needed in order to establish a correct treatment plan.; This study is being ordered for trauma or injury.; Unknown exact date but onset year would be 2000; There has been treatment or conservative therapy.; Severe low back pain and bilateral knee pain that is worse in the right knee. Patient is unable to stand, sit, or drive for long periods of time without added pain.; Patient has tried and failed anti-inflammatory medications, hot and cold packs, water aerobics, and at home stretching.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Plastic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary),		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Plastic Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Weakness with grip + pincher grip on left & right, although much more on right + reflex w/ tennels testing on wrist + biceps reflex @ 2+ & complains bitterly of pain in wrist + tremors in lower extremities; 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 with grip + pincher grip on left & right, although much more on right + reflex w/ tennels testing on wrist + biceps reflex @ 2+ & complains bitterly of pain in wrist + tremors in lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Plastic Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Weakness with grip + pincher grip on left & right, although much more on right + reflex w/ tennels testing on wrist + biceps reflex @ 2+ & complains bitterly of pain in wrist + tremors in lower extremities; 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 with grip + pincher grip on left & right, although much more on right + reflex w/ tennels testing on wrist + biceps reflex @ 2+ & complains bitterly of; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Plastic Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Plastic Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a few years ago; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.; The study is requested for a reason other than ankle pain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	. Patient with a heel ulcer of an unknown etiology. Patient feels as if there may be something within the wound however nothing is visible. She has a strong family history of amputations due to diabetes so would like to proceed with caution. I would li; This is a request for an Ankle MRI.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is requested for a reason other that ankle pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Due to the extent and length of time she is been doing this pain, will order MRI to rule out potential tear and/or other pathology, and to assist in further treatment options.; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for a pre op.; This study is NOT being ordered for assessment of a known fracture fragment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for ankle pain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Ganglion cyst; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	History of Present Illness: Subjective: Patient presents to clinic this day complaining of pain in her right ankle. Pt mentions pain with weightbearing. She was in a car accident years ago. Pt mentions her ankle gives out on her a lot and she has a lot of; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Patient presents to clinic this day complaining of pain in his right foot and ankle. Pt mentions pain with weightbearing. He says his ankle gives out on him a lot. Pt has had pain for over 5 years and he wore a brace; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/31/2020; There has been treatment or conservative therapy.; History of Present Illness: Subjective: Patient presents to clinic this day complaining of pain in his right foot and ankle. Pt mentions pain with weightbearing. He says his ankle gives out on him a lot. Pt has had pain for over 5 years and he wore a brace; History of Present Illness: Subjective: Patient presents to clinic this day complaining of pain in his right foot and ankle. Pt mentions pain with weightbearing. He says his ankle gives out on him a lot. Pt has had pain for over 5 years and he wore a brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	History of Present Illness: Subjective: Patient returns to clinic following up for excision of os trigonum and synovectomy of the STJ right on 08/30/18. Pt says the right side feels okay, but he's having pain on the left side now. He had a tendon repair s; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	looking for suspected tarsal coalition; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	MRI of her right foot because I feel there is a rupture of her extensor hallucis longus tendon.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	osteomyelitis; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Patient has chronic swelling and pain; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Patient has had injections in walking boot still no better; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Patient presents to clinic this day following up for Tailor's bunion repair with Weil osteotomy and release of 2nd and 5th MPJ right on 09/12/19 and pain in her ankle. Pt says the surgery sites are fine, but her ankle still hurts. She mentions the brace h; This is a request for an Ankle MRI.; 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.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Patient returns to clinic for follow-up evaluation of left ankle sprain, states pain and discomfort has improved, still has mild swelling. Due to continued pain despite conservative measures with a pneumatic cam boot, recommend MRI left ankle to rule out ; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Pending findings on MRI, surgical correction of the problem may be warranted; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	plantar CHRONIC Grade 3 diabetic ulcer received a status of not healed-trying to determine why it is not healing; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	surgery 11/27/2019, thinks she return; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	tendon tear, ligament 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.; 12/11/2019; There has been treatment or conservative therapy.; pain on outside of ankle going in back of leg, swelling not improving, pain in left leg, oral pregnisone completed for 1 week and only helped a little; Physical therapy, boot, x ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The notes sent do not meet NIA's guidelines for Lower Extremity MRI (right). Thus, the procedure is not shown to be medically needed. A physician reviewer made this decision based on a review of the notes given (heel pain). Prior to an approval, the follo; This is a request for an Ankle MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for ankle pain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; Surgery is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is being ordered for evaluation of Morton's Neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union facture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; The study is requested for a reason other than ankle pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for an Ankle MRI.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; The study is requested for a reason other than ankle pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	XRAY DONE IN OFFICE MAKE SURE NO FRACTURE; This study is being ordered for trauma or injury.; 5-21-19; It is not known if there has been any treatment or conservative therapy.; PAIN, SWELLING, DIFFUCULTY WALKING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	possible tarsal coalition; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; born cleft foot10 years old; There has been treatment or conservative therapy.; ankles roll in and walking on them swelling and very painful; surgery braces made PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	. She said for the past 3 weeks she's had pain in her heel that shoots up the sides and back of the ankle. She hasn't had any injury to it.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the 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.; Because she has the same symptoms in both ankles and long standing pain and failure to respond to conservative treatments.; This is a request for a bilateral ankle MRI.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In History of Present Illness: Subjective: patient returns to clinic today for followup for left foot and ankle pain. She says that the injection provided about 20% relief. She says that she is still having to wear the boot. n; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient presents to clinic this day complaining of pain in his right foot and ankle. Pt mentions pain with weightbearing. He says his ankle gives out on him a lot. Pt has had pain for over 5 years and he wore a brace; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/31/2020; There has been treatment or conservative therapy.; History of Present Illness: Subjective: Patient presents to clinic this day complaining of pain in his right foot and ankle. Pt mentions pain with weightbearing. He says his ankle gives out on him a lot. Pt has had pain for over 5 years and he wore a brace; History of Present Illness: Subjective: Patient presents to clinic this day complaining of pain in his right foot and ankle. Pt mentions pain with weightbearing. He says his ankle gives out on him a lot. Pt has had pain for over 5 years and he wore a brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	LESION OF PLANTAR NERVE WITH NO IMPROVEMENT OF SYMPTOMS AFTER TREATMENT; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is being ordered for evaluation of Morton's Neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	surgery is based on mri report; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	tendon tear, ligament 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.; 12/11/2019; There has been treatment or conservative therapy.; pain on outside of ankle going in back of leg, swelling not improving, pain in left leg, oral pregnisone completed for 1 week and only helped a little; Physical therapy, boot, x ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; The study is requested for a reason other than ankle pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a 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.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	tightness of tendons and ligaments, limited ROM; This study is being ordered for Congenital Anomaly.; 10/31/2019; There has been treatment or conservative therapy.; pain, swelling, adema; PT, meds and boot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a foot MRI.; Surgery is not planned for within 30 days.; The study is being ordered for a pre op.; This study is NOT being ordered for assessment of a known fracture fragment.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	XRAY DONE IN OFFICE MAKE SURE NO FRACTURE; This study is being ordered for trauma or injury.; 5-21-19; It is not known if there has been any treatment or conservative therapy.; PAIN, SWELLING, DIFFUCULTY WALKING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Preventive Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Preventive Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Preventive Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Preventive Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Preventive Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	1	2020	Jan-Mar 2020
					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.; 11/06/2019; There has been treatment or conservative therapy.; SPONDYLOSIS OF LUMBAR REGION , CHRONIC PAIN SYNDROME; RX GABAPENTING AND NORCO FOR PAIN.;CONSIDER INJECTIONS;PHYSICAL THERAPY MADE PAIN WORSE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology			

1/1/2020 - 3/31/2020	1/1/2020	Preventive Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/06/2019; There has been treatment or conservative therapy.; SPONDYLOSIS OF LUMBAR REGION , CHRONIC PAIN SYNDROME; RX GABAPENTING AND NORCO FOR PAIN.;CONSIDER INJECTIONS;PHYSICAL THERAPY MADE PAIN WORSE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Psychiatry	Approval	70544 Magnetic resonance angiography,		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Psychiatry	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 01/01/2017; There has been treatment or conservative therapy.; Disease of Central nervous system; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 01/01/2017; There has been treatment or conservative therapy.; Disease of Central nervous system; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	none; This study is being ordered for a neurological disorder.; 07/222/2019; There has been treatment or conservative therapy.; paralysis of lower leg; meds, therapy, home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Psychiatry	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	none; This study is being ordered for a neurological disorder.; 07/222/2019; There has been treatment or conservative therapy.; paralysis of lower leg; meds, therapy, home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Psychiatry	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Pt has Duchenne muscular dystrophy with maternal family Hx of 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; The reason for ordering this study is unknown.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Psychiatry	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Psychiatry	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Psychiatry	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 07/222/2019; There has been treatment or conservative therapy.; paralysis of lower leg; meds, therapy, home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		ABNORMAL PET-CT-ABN HYPERMETABOLIC ACTIVITY RIGHT CEREBELLUM STENT UPTAKE VALUE IS 16.4 WITH BACKGROUND BRAIN PARENCHYMA EXHIBITING A STENT UPTAKE VALUE OF 12, REC. MRI 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, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	21 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid- 19 (CORONAVIRUS) for evaluation or treatment.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	abnormal ct chest. CT 9/17/19Impression:;1. Focal area of right upper lobe rounded, reticular, and minimally;nodular infiltrate has improved somewhat since previous examination of;6/15/2019. Since this area has been present to some degree since;10/26; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal CXR/CT chest; The patient is NOT presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	abnormal previous Chest CT, repeat to access, Had Hemoptysis previously, COPD, and Pulmo Cavitary lesion/Mass; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid- 19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	ANA HEALTH SERVICES PRECERTIFICATION REQUEST FORM;Patient Information;Name: Jennifer Post;DOB:02/11/1972;IDX #: ;ID: ;Home Phone: 479-283-6073;Work Phone: (479) 464-3503;Alt Phone;;Referring Provider Information;Referring Provider: M. Al; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	BASED ON PREVIOUS CT CHEST FROM 10/2019, RADIOLOGIST RECOMMENDED FOLLOW-UP CT BE PERFORMED FOR NEW GROUND GLASS NODULE FOUND IN LUL OF LUNG IN ADDITION TO LT APICAL PULMONARY NODULE.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	bypass; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non- resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals attached; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals attached.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT Chest HR WO 10/17/2019 Impression: 1. No findings of active lung infection. No evidence of interstitial lung disease. 2. 1.2 x 0.8 cm noncalcified nodule centrally in the right upper lobe. 0.5 cm left upper lobe pulmonary nodule. These are indetermi; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT CHEST W DONE ON 10.05.19 ABN FINDING OF LUNG FIELD. ;THERE ARE STABLE SMALL NODULAR FOCI ALONG THE POSTERIOR MARGIN OF RT LOWER LOBE BULLA. THERE IS A SMALL ELONGTATED NODULAR DENSITY IN THE SUPERIOR SEGMENT OF THE RT LOWER LOBE WICH IS STABLE FROM 2; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT Lung biopsy in 10/2019; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT to review suspisuos iner tissue pulmonary dieses or pulmonary fibrosis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x- ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	13 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In UnkRadiology Results: I have reviewed his films myself, Chest X-ray PA and Lateral done on (12/18/2019) shows the heart is at the upper limits of normal. Minimal left lower lobe interstitial infiltrates. Left upper lobe nodu; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x- ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Evaluation of pulmonary sarcoidosis. Patient is having increased dyspnea, and wheezing; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	F/U OF INDETERMINATE 10MM LUNG NODULE FOUND ON CT ABD PEL DONE 1/2020.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	F/U OF MULTIPLE LUNG NODULES AND SCATTERED AREAS OF GROUND GLASS OPACITIES SEEN ON PREVIOUS CT CHEST FROM 10/2019 IN CURRENT SMOKER WITH COPD AND FAMILY HX CANCER.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	F/U OF MULTIPLE LUNG NODULES FOUND ON LUNG CANCER SCREENING CT FROM 12/2019 IN FORMER SMOKER WITH COPD AND HX OF OVARIAN CANCER.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	F/U OF MULTIPLE LUNG NODULES INVOLVING LT LUNG AND MEDIASTINAL, HILAR, AND PARATRACHEAL LYMPH NODE ENLARGEMENT FOUND ON CT CHEST FROM 12/2019. wn If No Info Given.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Follow scan of lung nodule 8 month follow; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up ct; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up pulmonary nodule impression from last ct 9/25/19 New, partially cavitary, 1cm right upper lobe nodule, with multiple small adjacent satellite nodules. Given the multiple surrounding small nodules, infectious etiology is considered however, primary; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow-up of pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	FOLLOW-UP; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	FOLLOWUP FOR 7.4MM NODULE RUL FOUND ON CTA 07/22/2019; HAS SMOKED 1/2 PKG FOR 11 YEARS, QUIT 3 YRS AGO; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Indeterminate 10 mm nodule in the right lower lobe. This could be; malignancy and is new from the April 2018 CT scan.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Interstitial lung disease. CT 11/15/19;IMPRESSION;;1. Emphysema with multiple small bullous lesions in the lung apices.;2. Groundglass alveolar densities throughout both lungs. This could be;due to sarcoidosis. This could also be related to pneumonia; The patient is NOT presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	It is suspected the patient has an auto- immune problem and will need immune suppressor therapy to rule out etiologies, she also has hypertension.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	last CT done June 21, 2019; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Left lower lobe fibrosis on chest x-ray and CT chest done in 2017. This needs to be further evaluated given the severe restriction on PFTs done today.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	MANA HEALTH SERVICES PRECERTIFICATION REQUEST FORM;Patient Information;Name: GaryByerley;DOB:11/14/1958;IDX #: ;ID: ;Home Phone: 870-416-9639;Work Phone: ;Alt Phone:870-416-9639;Referring Provider Information;Referring Provider: Jon A Se; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Mr. Tweedle is a 64 yo male with PMH includes Asthma with COPD, Sinusitis and NonAllergic Rhinitis here for evaluation Mr. Tweedle with longstanding history of Asthma, uncontrolled until began taking Xolair injections in 2010. He gets injections every two; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Needs HRCT in supine and prone to delineate the subtle basilar subpleural changes; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient had PET/CT 10/02/2019 that showed multiple suspicious nodules, greatest measuring 8 mm. Radiologist recommended re-evaluation with imaging in 3 months due to possibility of early malignancy cannot be excluded.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has 2 pulmonary 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule and shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a pulmonary cavitary lesion and needs a one month followup; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a solitary pulmonary nodule and the radiologist recommended a 6 month follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient has increased dyspnea, cough, and wheezing. Patient has possible exposure to asbestos; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has increased shortness of breath. Its worse when she lays flat; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has mediastinal lymphadenopathy; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has multiple pulmonary nodules. This a followup from his last CT; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient having extreme shortness of breath, CXR nondiagnostic. Patient needing CT chest for highly suspicious pulmonary fibrosis/interstitial pulmonary disease.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient is experiencing uncontrolled asthma symptoms with increased dyspnea, and wheezing; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient is having 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 none of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient with disseminated mycobacterium avium-intracellulare complex, bronchiectasis, cough, dyspnea, and COPD needing follow-up with CT for "airspace disease in region of RUL interstitial opacity which could be from associated pneumonia" found on CXR fro; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT CAME IN FOR VISIT FOR SOB THAT HAS GOTTEN WORSE OVER THE LAST TWO WEEKS.HAS POSITIVE WHEEZING. JUST QUIT SMOKING A WEEK AGO AFTER SMOKING FOR 46 YRS. ACUTE BRONCHITIS. HX OF COPD. HAD A CXR DONE 01/14/2020 AND IT SHOWS A NEW WEDGE-SHAPED ROUNDED OPACIT; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has 30 +yr smoking hx with signs and symptoms of dyspnea, and recurrent pneumonia infections.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has multiple pulmo nodules, shortness of breathe & benign essential hypertension needs CT to eval nodules; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT NEEDS EVALUATION OF EMPHYSEMA/COPD, WITH HX OF CHRONIC RESPIRATORY FAILURE, SMOKING, AND CHRONIC COUGH.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt with known pulmonary fibrosis with high resolution chest ct showing pulmonary nodule/lung mass that needs further evaluation with CT chest with contrast.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary nodule found on CXR, high risk for Lung CA, d/t hx. of smoking; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid- 19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The Pt had Ct 11/19/2019. Broncoscopy was sche3duled. Pt had heart attack. evaluate to see if study is still needed.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	12 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a 6 month CT chest follow up for the patients squamous cell carcinoma status post lobectomy.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is an 8 month CT follow up for a perihilar irregular nodule measuring 1 CM.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This test is for a 1 year follow up for a single solid nodule in the right middle lobe measuring 3mm. There is also linear atelectasis or fibrosis in the right middle lobe. Patient has a history of interstitial lung disease with shortness of breath.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	UNKNOWN; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x- ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	UNKNOWN. See 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Will FAX; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	xray showed swelling more prominent interstitial markings possible interstitial lung disease verses pulmonary venous congestion. Possible right lung opacity. Chest Ct recommended by radiologist; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Pre- Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	see clinicals; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if there is a physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	6 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	11 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	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.; Unknown; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	CURRENT EVERYDAY SMOKER, SMOKER SINCE AGE 15 1/2+ PKG DAILY. CHRONIC COPD,PT HAS OSA AND RESTLESS LEG SYNDROME. MOTHER HAD LUNG CA.AND TB. Instructed patient to be compliant with metered dose inhalers .; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	15 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	12 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Hoarseness, SOB, smoker need to rule out larygeal and lung malignancy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid- 19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Concern for meglgment chest xray non diagnostic this will be the initial of the test; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CT ON 1/31/2020 - SHOWED PNEUMONIA - FOLLOWING UP 2/26/2020 TO EVALUATE PNEU; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non- resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Duration of Symptoms: 6 months Start: ;Physical Exam Findings: A 1.5 cm right paratracheal lymph node identified at the aortic;arch level and a 1.1 cm right paratracheal lymph node identified at the azygos vein;level. There is a 1.5 cm right infrahilar; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. It is not known if there is radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up test; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Has been coughing x 3-4 weeks - was seen at MErcy 2 / 12 / 2020 - RLLL PNA and RLL Lung nodule; cont's to Smoke; Has been tryinh to loose wt - Has lost 12 lbs; SOB: positive ;location: chest ;;duration: chronic ;;quality: positive wheezing ;; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Hoarseness, SOB, smoker need to rule out larygeal and lung malignancy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Interstitial lung disease;1. Blunting of the right costophrenic angle seen on AP view only which could relate to small pleural effusion or pleural thickening.;2. Emphysema.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has inflammation and a lung nodule; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has a lung nodule. The radiologist recommended a 6 month followup; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has pulmonary nodules.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS PROSTATE CANCER HX AND SMOKING HX WITH WORSENING COUGH AND SOB OVER LAST 6 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pulmonary mycobacterial infection surveillance.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Restrictive lung disease - PFT shows restriction;+ velcro crackles on auscultation;CXR does not give specific information;Proceed with HRCT chest and blood work;J98.4: Other disorders of lung;CT, CHEST, W/O CONTRAST; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Sick over 3 months and been treated oral, steroid and does not help; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	smoker, increased shortness of breath and cough, heart palpitations.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a 1 year follow up CT scan to monitor a 9mm posterior lingula lung mass.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x- ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; Unknown if a nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F- Fluciclovine (Axium)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	Radiology Services Denied Not Medically Necessary	Shortness of breadth, Problem breathjng.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This study is 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; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological y induced stress,	Radiology Services Denied Not Medically Necessary	This study is 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; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Pulmonary Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has a new Lung cancer diagnosis, checking for Mets to Brain d/t Headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	12 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Cervic mass; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Space oar and seducial markers placed; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Space oar between his prostate and rectal wall, undergoing radiation therapy for prostate cancer and the MRI images will be used to plan his treatment.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is not a PSA greater than 10.; There is a Gleason Score (sum) 7 or greater.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is not a PSA greater than 10.; There is a Gleason Score (sum) 7 or greater.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	78813 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is being ordered to distinguish tumor(s) from treatment related tissue necrosis.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	unknown; This study is being ordered for a neurological disorder.; 08/02/2019; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	unknown; This study is being ordered for a neurological disorder.; 08/02/2019; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	eval vertebroplasty; This study is being ordered for trauma or injury.; 12/17/18; There has been treatment or conservative therapy.; severe pain; several conservative measures, then pt had a vertebroplasty 12/30/19; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	eval vertebroplasty; This study is being ordered for trauma or injury.; 12/17/18; There has been treatment or conservative therapy.; severe pain; several conservative measures, then pt had a vertebroplasty 12/30/19; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; There has not been a recurrence of symptoms following surgery.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is x-ray evidence of a recent lumbar fracture.; It is not known if the patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	74150 Computed tomography, abdomen; without contrast material	Patient has renal carcinoma and underwent treatment in October. This CT is to see how the kidney responded to the treatment.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, gastroenteritis or colitis suspected; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, gastroenteritis or colitis suspected; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Post procedure/liver biopsy abdominal pain, chest pain and shortness of breath.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Post procedure/liver biopsy abdominal pain, chest pain and shortness of breath.; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rehabilitations	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Patient is experiencing rapid progression of neck and back pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rehabilitations	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Patient is experiencing rapid progression of neck and back pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal chest x-ray 1/21/2020; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	linear calcification in left lung base; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PAIN AND STIFFNESS IN MORNINGS 45 MIN TO AN HOUR.SCLEROSIS NOTED ON X-RAY OF SI JOINT; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for osteomyelitis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	unknown.; This is a request for a Pelvis MRI.; It is not known if this is a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	We will do MRI of the SI joints for sacroiliitis.; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	rule out tear; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast		; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		positive ANA and possible rheumatoid arthritis; 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.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.; Surgery is NOT being planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Will upload 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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Degenerative arthritis of the cervical spine.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient does complain of lower back pain that she states has been ongoing for the past four years. There is nothing that dissipates the pain or truly exacerbates it. She states that it is constantly there. We do need to look further to determine if there ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS FAILED CONSERVATIVE TREATMENT INCLUDING PAIN MEDICATION, ANTI-INFLAMMATORIES, AND 6 WEEKS OF PHYSICAL THERAPY.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2019; There has been treatment or conservative therapy.; INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION;;PRIARY OSTEOARTHRITIS OF BILATERAL HIPS.;;FIBROMYALGIA; TRIED AND FAILED 6 WEEKS OF PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/31/2020; There has been treatment or conservative therapy.; FIBROMYALGIA;ELEVATED RHEUMATOID FACTOR;SYNOVITIS;EROSIONS;EROSIVE OSTER ARTHRITIS;HEBERDEN'S NODES; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/31/2020; There has been treatment or conservative therapy.; FIBROMYALGIA;ELEVATED RHEUMATOID FACTOR;SYNOVITIS;EROSIONS;EROSIVE OSTER ARTHRITIS;HEBERDEN'S NODES; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS FAILED CONSERVATIVE TREATMENT INCLUDING PAIN MEDICATION, ANTI-INFLAMMATORIES, AND 6 WEEKS OF PHYSICAL THERAPY.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2019; There has been treatment or conservative therapy.; INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION;;PRIARY OSTEOARTHRTIS OF BILATERAL HIPS.;;FIBROMYALGIA; TRIED AND FAILED 6 WEEKS OF PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Rheumatology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	Radiology Services Denied Not Medically Necessary	MBR has shortness of breathe.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	70544 Magnetic resonance angiography,		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast		This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Chronic right sided neck, shoulder, arm, wrist, and hand pain and swelling with radiculopathy in radial and ulnar distribution with history of recurrent shoulder subluxations and negative carpal tunnel work up; This is a request for cervical 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, has no control over R arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	losing the feeling in her right hand and would like for you to resubmit the order for a cervical MRI; We last saw her about 2 1/2 years ago. She has had a previous fusion at the C5-6 level. She works in a retail store a couple of days a week but also ha; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does 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.; Her deep tendon reflexes are 1+ and equal bilaterally. Straight leg raise is mildly positive on the left and negative on the right.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weak legs; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	evaluation for ESI; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness noted in left and right leg; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is not undergoing active treatment for cancer.; There is 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."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Failed treatments; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pain in shoulder, unable to lift arm---painful arch; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	pain, swelling, unable to extend elbow and numbness; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient unable to lift arm, has grinding and popping; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; 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?	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	30 YO F presents with right arm pain and neck pain- WORSE. Patient states her arm is numb and is in constant pain. Patient states she has no control in her arm anymore and that she cannot function as a student. ;Patient has tried and failed rest, ice, b; This is a request for cervical 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 ROM;*;Active ROM - Lat Flexion R: 10 degrees, Lat Flexion L: 25 degrees, Extension: 0 degrees, Flexion: 30 degrees, Rotation L: 25 degrees, Rotation R: 10 degrees, Factors: pain, Description: active painful range of motion. Palpation - Ma; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	His gait is a little unsteady. He is mildly tender in the neck. He has 20 percent limitation of range of motion of the head and neck in all directions. He has normal sensation in the upper extremities to touch. He has good strength and muscle tone in ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Sports Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having mechanical symptoms, painful popping, locking, and regular giving out. Doctor is looking for a posterior labral tear. She has tried and failed conservative therapy, ice, rest, NSAIDS, and home exercises.; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		He has 2 nodules on the left one measuring 2.4 cm. The other 1 is 3.56 cm, but it extends below the clavicle and appears substernal.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for pre-operative evaluation	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	1.2 cm nodule within the right mid to lower lung. Further evaluation with CT is recommended.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	abnormal chest x-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Patient diagnosed with anal squamous cell carcinoma 1/29/20. CT requested for further staging.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Patient has a 3x4cm soft tissue mass that was aspirated on 3/10 and requires further diagnostic workup.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	pt had colonoscopy due to rectal bleeding 1-24-2020, during a colon mass was found, biopsy was taken, studies order to check for metastatic cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	STAGGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	The patient probably has a primary breast cancer by imaging studies. I have reviewed the studies and have recommended a biopsy. I have discussed with the patient the biopsy options and possible future treatments if the biopsy confirms cancer. Other option; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	The patient returns for a routine follow-up after a previous visit on 07/20/2018. Patient had Chest CT this morning. Report pending. Imaging available. ;She underwent a robotic LUL lobectomy with mediastinal lymphadectomy performed on 06/27/2017. Path; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	See clinicals attached; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Clinicals attached; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	one year of right upper arm swelling, had a minor removal of hand ganglion cyst a year ago. Fatigue and pain in right arm but main problem is swelling. Lateral neck pain also, making sure herniated disc is not cause of pain.; This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The physician has not directed conservative treatment for the past 6 weeks.; There has been a recurrence of symptoms following surgery.; The surgery was more than 6 months ago.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Severe arm pain associated with allodynia. He has severe contractures status post spinal cord injury in the left upper extremity and bilateral lower extremities. Severe spasms in the right lateral cervical musculature and trapezius.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Dr. recommended MRI of the L spine to futher evaluate the L4-L5 hanges. It is hard to evaluate the ribs with MRI but the changes appear to be related to trauma not consistent with metastatic disease.; The study requested is a Lumbar Spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	. Pt states she has heartburn, had left side inguinal hernia repair in 2017 and continues to have LLQ pains;Location: left; inguinal ;Quality: aching;abdominal pain;;WHSS left inguinal region. Tender to palpation but no obvious recurrence..;Patient ; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	N/A; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	status post of buttock abcess; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	to evaluate leg pain, primarily in pelvic regionlast mri done in feb 2019 continued pain; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.;" There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	; This study is being ordered for Vascular Disease.; 06/04/2019; There has been treatment or conservative therapy.; Leg pain, leg fatigue, leg cramping; Medication - Plavix, daily exercise, encouraged smoking cessation and patient stated at his last office visit that he had cut back on smoking; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	20 year old comes for follow-up; Underwent EGD for evaluation of RUQ pain; EGD 01/19 showed HH, gastritis, negative for H.pylori; Continues to have mild intermittent burning RUQ pain especially with fatty foods; US abdomen 12/19 showed fatty liver, unremarkable; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; It is not known if surgery is planned for within 30 days.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; It is not known if surgery is planned for within 30 days.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, unspecified; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, unspecified; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abscess; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abscess; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	assess abdominal hernia and anatomy; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	assess abdominal hernia and anatomy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	chronic hernia; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	chronic hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	colonoscopy done; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	colonoscopy done; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	edemopathy; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	edemapathy; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given patient continues to have pain; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given patient continues to have pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	gallbladder abcess , drain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	gallbladder abcess , drain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hernia, complicated; Seroma vs. Recurrent Hernia; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hernia, complicated; Seroma vs. Recurrent Hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hernia, complicated; This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; It is not known if the study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hernia, complicated; 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.; It is not known if the study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Incisional hernia;K43.2: Incisional hernia without obstruction or gangrene.;; Well-healed surgical scar in midline. Small reducible hernia to the right of midline in the subcostal region. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no; This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; It is not known if surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Incisional hernia;K43.2: Incisional hernia without obstruction or gangrene.;; Well-healed surgical scar in midline. Small reducible hernia to the right of midline in the subcostal region. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; It is not known if surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Intermittent episodes of right upper quadrant epigastric and right flank;pain. This may be related to gallbladder with his findings were minimal;consisting of only a possible nonshadowing stone versus a small polyp. I;have recommended proceeding with C; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Intermittent episodes of right upper quadrant epigastric and right flank;pain. This may be related to gallbladder with his findings were minimal;consisting of only a possible nonshadowing stone versus a small polyp. I;have recommended proceeding with C; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Is for abdominal pain and to r/o increasing size of her aneurysm. This is a pre-op eval.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Is for abdominal pain and to r/o increasing size of her aneurysm. This is a pre-op eval.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	N/A; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	N/A; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Need CT because there may be post op complications after abdomendectomy; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Need CT because there may be post op complications after abdomendectomy; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient diagnosed with anal squamous cell carcinoma 1/29/20. CT requested for further staging.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has a history of recurrent right inguinal hernia. This exam is pre-surgical evaluation.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has a history of recurrent right inguinal hernia. This exam is pre-surgical 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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has a known recurrent ventral hernia. CT is needed for pre-surgical planning.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has a known recurrent ventral hernia. CT is needed for pre-surgical planning.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had an ultrasound done on 2/12/2020 of the Pelvis.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had an ultrasound done on 2/12/2020 of the Pelvis.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient is obese; hard to determine if patient has hernia due to obesity; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient is obese; hard to determine if patient has hernia due to obesity; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is presenting with intestines wrapped around ovary, bowel changes, endometriosis, pelvic and abdominal pain.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is presenting with intestines wrapped around ovary, bowel changes, endometriosis, pelvic and abdominal pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with history of persistent right upper quadrant pain of uncertain etiology does not seem to be related to meals.;RUQ mass possible hernia.;Gallbladder ultrasound negative however there appears to be a soft tissue mass in this region. We'll plan ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with history of persistent right upper quadrant pain of uncertain etiology does not seem to be related to meals.;RUQ mass possible hernia.;Gallbladder ultrasound negative however there appears to be a soft tissue mass in this region. We'll plan ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with unexplained abdominal pain needing further review.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with unexplained abdominal pain needing further review.; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Poss recurrent incisional hern Huge, protruding abdominal wall. Major central obesity;Visible chronically incarcerated umbilical hernia but does not increase or decrease with Valsalva maneuver. Pre-op eval to r/o re-current hernia vs seroma.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Poss recurrent incisional hern Huge, protruding abdominal wall. Major central obesity;Visible chronically incarcerated umbilical hernia but does not increase or decrease with Valsalva maneuver. Pre-op eval to r/o re-current hernia vs seroma.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	possible small valve obstruction, possible surgery today, hernia; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	possible small valve obstruction, possible surgery today, hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	presenting with right lower quadrant pain. She has h/o complicated sigmoid diverticulitis. She presents with RLQ pain and constipation. Pain worse when straining got have a bowel movement. A colonoscopy was performed that showed stricture and friability ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	presenting with right lower quadrant pain. She has h/o complicated sigmoid diverticulitis. She presents with RLQ pain and constipation. Pain worse when straining got have a bowel movement. A colonoscopy was performed that showed stricture and friability ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt had colonoscopy due to rectal bleeding 1-24-2020, during a colon mass was found, biopsy was taken, studies order to check for metastatic cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	see attached documents; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	see attached documents; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	she is having pain and swelling-dr thinks this may be a saroma; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	she is having pain and swelling-dr thinks this may be a saroma; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without	STAGGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	suspected hernia; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	suspected hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient probably has a primary breast cancer by imaging studies. I have reviewed the studies and have recommended a biopsy. I have discussed with the patient the biopsy options and possible future treatments if the biopsy confirms cancer. Other option; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient underwent bilateral laparoscopic inguinal hernia repair with Dr. Gibbs in 2017. He states that since that time he has had a pulling sensation in both inguinal regions which is exacerbated with straining. He also has some sensation of pins and ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient underwent bilateral laparoscopic inguinal hernia repair with Dr. Gibbs in 2017. He states that since that time he has had a pulling sensation in both inguinal regions which is exacerbated with straining. He also has some sensation of pins and ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; Surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; Surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	WEIGHT LOSS, PAIN, EGD, MULTI COLONOSCOPIES, CAN FEEL A KNOT AT TIMES.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	WEIGHT LOSS, PAIN, EGD, MULTI COLONOSCOPIES, CAN FEEL A KNOT AT TIMES.; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will fax; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will fax; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	74 yo male returns to the clinic after MRI evaluation of pancreatic masses. . I have reviewed his MRI and he does have multiple masses which are characteristically consistent with benign cystic lesions, with the largest measuring 3.3cm. Previous pancreati; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; It is not known if the patient is presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Her pain may be related to acalculous cholecystitis, but we need to further evaluate her ductal dilatation and rule out biliary obstruction. We will schedule a MRCP and see her back after that.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	; This study is being ordered for Vascular Disease.; 06/04/2019; There has been treatment or conservative therapy.; Leg pain, leg fatigue, leg cramping; Medication - Plavix, daily exercise, encouraged smoking cessation and patient stated at his last office visit that he had cut back on smoking; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	having left breast nipple discharge , known mammographic or sonographic evidence , also has lesion on left nipple the question dermatitis early pagets disease; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	patient has a primary breast cancer confirmed by biopsy on 3/4/20. The patient has undergone the following testing thus far: Mammogram. ;Mammogram of both breasts on 02/26/2020 demonstrated suspicious hypoechoic irregular 0.8 cm left breast mass at 1:00; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Will fax clinical.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is NOT for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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 Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	Staging and surgical planning for pt with breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MODERATE TO DEGENERATIVE DISK DISEASE AND ARTHRITIC CHANGES IN NECK PAIN IN NECK AND DOWN ARM - MORE IN NECKHX BREAST CANCER; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Profound numbness in the hands. Concern for significant cervical stenosis.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Clinicals faxed; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	inguinal pain, had left side inguinal hernia repair in 2017 and continues to have LLQ pains. since that time underwent chemical neural lysis then operative neural lysis. Still no relief with constant pain in the left groin there is tenderness to palpati; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Post op eval.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Severe right pain.; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	He may have a sports hernia type injury versus a possible hernia. I think the next best step would be to obtain an MRI to delineate this. Return to clinic after this.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of something other than the pelvic gurdle, sacrum or the tail bone (coccyx).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &fax clinicals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	HAS KNOWN SPLENIC ABSCESS CONTINUES TO HAVE ABDOMINAL PAIN; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	HAS KNOWN SPLENIC ABSCESS CONTINUES TO HAVE ABDOMINAL PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	infection in her insitions from surgery; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	infection in her insitions from surgery; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	LLQ ABD-GROIN PAIN, HX OF HERNIA REPAIR, HAS A REDUCIBLE HERNIA WHICH IS PAINFUL, DOES C/O CONSTIPATION, TENDERNESS PRESENT OVER HERNIA.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; It is not known if surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	LLQ ABD-GROIN PAIN, HX OF HERNIA REPAIR, HAS A REDUCIBLE HERNIA WHICH IS PAINFUL, DOES C/O CONSTIPATION, TENDERNESS PRESENT OVER HERNIA.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; It is not known if surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgery	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material;	Radiology Services Denied Not Medically Necessary	Staging and surgical planning for pt with breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Please review clinical notes appended to this case.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	colon cancer staging; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	This is a requests for a hip MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The request is not for hip pain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	the breasts are heterogeneously dense, which may obscure small masses. there is an ovoid nodule with associated coarse calcification in the 11 o'clock position in the left breast which is unchanged mammographically.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	4 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Surgical Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast		Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast		Yes, this is a request for CT Angiography of the Neck. ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material			1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary),	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Thoracic Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	Assessments;1. Concussion without loss of consciousness, initial encounter -;S06.0X0A (Primary);New/Follow-up Patient Consult: ;FALL- Pt states that he was on vacation about 8 days ago and hit by a;wave. He says that he fell off a 75ft cliff. He doe; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	Barbara has metastatic breast cancer to bone, strongly ER positive at diagnosis. She had a lumpectomy in February of 2019. She was started on Femara/lbrance and she has dramatically responded. She did have a full lumpectomy which demonstrated 3 cm residua; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	dizziness and contusions to brain; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	has had history of TIAs in the past; has chronic tension headaches; has trouble finding words at times and counting; has some numbness in left ear.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	HPI: Jason Solley is a pleasant 35 y.o. M with suspected orthostatic vs syncopal episode vs seizure in 11/2019, unwitnessed, denied urinary incontinence or tongue biting, endorsed slurring of speech after episode. Endorses history of moderate-severe anxie; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	Patient is having increase headaches and recently was started on blood thinner. Dr. lo is wanting to rule out a bleed; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	pt had fall, eye pain, pt is on anti coagulant therapy. ruling out bleed; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	surveillance known breast ca x 2 ;1. stage 3a;2. stage 1a; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; 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.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were abnormal.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	TREATMENT RESPONSE FOR LUNG 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear;	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	This is a request for an Internal Auditory Canal CT.; There is a suspected cholesteatoma of the ear.; The patient had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	TMJ pain or limited movement;;chronic sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	2 cm x 2 cm mass to the anterior neck found during examination. Neck pain that radiates to back side of neck and radiates through arms.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	6/1/2018: FINAL DIAGNOSIS: Right false posterior vocal cord mass, biopsy: Invasive squamous cell carcinoma, moderately differentiated. ;6/12/19: right supraglottic lesion- benign squamous mucosa with areas of ulceration and abscess. no dysplasia or malig; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	L side of neck pain - enlarged area on the L side of the neck and can feel a nodule and correlates to his headache.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Large fixed mass on neck and has gotten larger over the last year.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	unknown; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Will submit clinical notes.; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	He has chronic diastolic heart failure, he had recent Echocardio 2018 : moderate aortic insufficiency, left ventricular dysfunction; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; recurrent nausea, decreased appetite, weight loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	He has chronic diastolic heart failure, he had recent Echocardio 2018 : moderate aortic insufficiency, left ventricular dysfunction; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; recurrent nausea, decreased appetite, weight loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70544 Magnetic resonance angiography,	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	am concerned that the syrinx is not in continuity with the ventricles; This study is being ordered for a neurological disorder.; 4/11/2017; There has been treatment or conservative therapy.; ; Surgery, medication, pain managenet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Bruce Britt is a sixty-year-old male presenting with symptoms concerning for left-sided amaurosis fugax as well as left radiculopathy in the setting of prior cervical fusion. Near total occlusion of carotid artery has not been shown in major clinical tri; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown if there has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chiari malformation; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; ; NSAIDs, PT, steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chiari patient; This study is being ordered for a neurological disorder.; 06/18/2015; There has been treatment or conservative therapy.; headaches; Tramadol, Norco and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax 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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Ever since the altercation in November with the broken orbital right eye socket patient has been having right-sided headaches. They were occurring about every other day and they're now occurring every 3 days. He describes them as a throbbing sensation a; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Family history of cerebral aneurism; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	has Chiari we are following postop annually, due for studies; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Head CT scan done on 01/20/2020 showed a 1.8 cm fluid density in the left cerebellomedullary angle which may represent an arachnoid cyst or an epidermoid. History of TIAs in the past. Is having numbness in left ear. Radiologist is recommending MRI w; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	History of multiple cranial operations, patient has an aneurysm clip, 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 an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	patient found a knot on his head 2 weeks ago and he has been having headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has glottic cancer and is post chemo and radiation and has developed a stutter. MRI ordered to rule out mets.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient has had dizziness, hallucinations, and confusion; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has weight loss and encephalopathy; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is experiencing shaking. Also has "fairly typical tardive dyskinesia type oral movement" per physician notes as well as memory issues.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Posterior headaches with loss of vision.; This study is being ordered for Vascular Disease.; 10/2019; There has been treatment or conservative therapy.; Dizziness, syncope.; Stress reduction and Monitoring Symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	pt is having numbness, and tangling on the left side of body face, tongue,hand,leg , foot.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The patient reports several years of progressive flaccid dysarthria, dysphagia and choking, and hand weakness with abnormal hand positioning. He is currently unable to do most of his ADLs due to weakness of the hands and has not been able to care for his ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There is very severe RICA stenosis at the origin of 78%. MRI head without contrast is necessary to assess stroke burden. Furthermore he has very severe cervical spondylosis with severe spinal cord compression at C3-4, C4-5, C5-6 and C6-7 with reversal of ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a chronic problem. The current episode started more than 1 year ago. Associated symptoms include numbness and weakness. Pertinent negatives include no fever or seizures. She has tried acetaminophen, antidepressants, ketorolac injections, NSAIDs an; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is being ordered as a 12 month annual follow up.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	14 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	15 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include one sided arm or leg weakness.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has been a change in seizure pattern or a new seizure.; This is a new patient.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; aching, throbbing, numb, trouble sleeping, weakness, swelling in legs/feet, muscle/joint aches; HAd Cranioplasty in Oct 2019; Physical Therapy orderd 10/15/19; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unkown; This study is being ordered for a neurological disorder.; 5/15/2018; There has been treatment or conservative therapy.; frontal headaches, numbness in hands & feetrn; surgery, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	6	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	(staging for newly diagnosed breast cancer); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	1/9/20-He had a malignant neuroendocrine carcinoid tumor of the lung resected in March of 2009. He has done fine ever since. However, we saw him last time and his chest x-ray was completely different from before with an essential white-out of the left ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	3/23/20- Ms. Medina had a pancreas cancer by biopsy. This original diagnosis was in March of 2019. She had neoadjuvant chemo and was taken to surgery, but had not become resectable. We went on with chemotherapy and she had a very dramatic response. Once ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	6/1/2018: FINAL DIAGNOSIS: Right false posterior vocal cord mass, biopsy: Invasive squamous cell carcinoma, moderately differentiated. ;6/12/19: right supraglottic lesion- benign squamous mucosa with areas of ulceration and abscess. no dysplasia or malig; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	ABNORMAL CHEST X-RAY LEFT LOWER LOBE PNEUMONIA; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal CT 11-29-2019; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Acute resp illness, greater than 40 years old; O2 sat 88-93%; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Barbara has metastatic breast cancer to bone, strongly ER positive at diagnosis. She had a lumpectomy in February of 2019. She was started on Femara/Ibrance and she has dramatically responded. She did have a full lumpectomy which demonstrated 3 cm residual; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	COLON CANCER RE-STAGING DURING TREATMENT; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	COMPLETED ENDOCRINE THERAPY; RESTAGING FOR TREATMENT PLANNING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Cough and congestion for many months. Smokes 1/2 pack per day. No fever or weight loss. Presents with significant congestion.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	CXR showed R side density; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Evaluate abnormal imaging indicating metastatic disease of liver.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Evaluation of disease and response to therapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	EVALUATION OF PULMONARY NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	LYMPHADENOPATHY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Marla had an aggressive, triple negative breast cancer. She had a biopsy and neoadjuvant chemotherapy. After neoadjuvant chemo, she had surgery that showed no residual cancer. She has had two chemos post-op and has done great. Her scans were negative f; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Ms. Peavy had locally extensive anal squamous cell carcinoma diagnosed back in August of last year. She had radiation and chemo which was very difficult on her. Physical exam continues to show an ulcerated lesion to the right of the anal verge and she is ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Neoplasm: pancreas, recurrence, suspected/known.;70-year-old lady, known to have steatohepatitis and liver cirrhosis (NASH) had on 7/12/2019 an ultrasound of the abdomen which showed fatty liver, cholecystectomy, blue dye rotation in addition to a 3.5 cm; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	PAST CT'S AND X-RAYS THAT SHOWED NODULES ON R LOWER LUNG; FOLLOW-UP; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	PATIENT HAS A HISTORY OF RIGHT LUNG MASS, INCREASE COUGHING WITH BLOOD, DECREASED APPETITE WITH WEIGHT LOSS AND A SMOKER; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	POST TREATMENT EVALUATION FOR KNOWN LUNG 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Pt had Chest CT for lung cancer screening on 10/2019. Nodule showed increased size since 2016, CT recommended 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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	repeat CT chest to reevaluate his interstitial lung disease/nodular opacities and also to reevaluate his left lower lobe scar versus consolidation. If there is persistent consolidation, then that needs to be worked up.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Restaging of 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	RESTAGING POST TREATMENT.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Right lung mass was noted on barium swallow done 3/25/2020. Chest CT with contrast was recommended to evaluate these findings further.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Robin had a high grade, ER negative, HER-2 positive breast cancer with a high Ki-67, diagnosed back in July of 2017. She had chemo/Herceptin adjuvant therapy, finishing with no evidence of cancer. We are now following her reasonably closely. Other than h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	surveillance known breast ca x 2 ;1. stage 3a;2. stage 1a; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	SURVEILLANCE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	treatment response to known met stage 4 rectal 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	venolymphatic malformation of the left upper thorax/mediastinum, extending from left axilla; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Measurement of ascending aortic aneurysm found on recent echocardiogram.; This study is being ordered for Vascular Disease.; Followup of ascending aortic aneurysm found on echocardiogram 1/30/2020.; It is not known if there has been any treatment or conservative therapy.; This was found on echocardiogram, asymptomatic.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient c/o weakness, vomiting and syncopal episodes. Had CVA last Nov with left sided deficits. Needing to r/o Aneurysm w/o rupture.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for inflammatory disease.; The ordering physician is not a surgeon or pulmonologist.; There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of tuberculosis or fungal infection.; There is no radiologic evidence of a lung abscess.; There is no radiologic evidence of pneumoconiosis.; There is no radiologic evidence of asbestosis.; This is a request for a chest MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	Post operative follow up; This study is being ordered for a neurological disorder.; Patient underwent a posterior cervical fusion to C3 to C7 on December 26, 2019.; There has been treatment or conservative therapy.; Post operative follow up; Physical therapy, inflammatory medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	Evaluate for nerve root compression or spinal cord compression; This study is being ordered for trauma or injury.; February 2016; There has been treatment or conservative therapy.; Acute midline back pain, bilateral low back pain along with pain in her cervical spine that radiates to her shoulder and right rib cage, slight numbness and tingling in right hand; Thoracic fusion in February 2016; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	Post operative follow up; This study is being ordered for a neurological disorder.; Patient underwent a posterior cervical fusion to C3 to C7 on December 26, 2019.; There has been treatment or conservative therapy.; Post operative follow up; Physical therapy, inflammatory medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	Suspected progression of compression fractures.; This study is being ordered for trauma or injury.; June 2019; There has been treatment or conservative therapy.; progressively worsening low back and interscapular pain, discomfort in his bilateral shoulders, complains of progressively kyphotic posture; physical therapy, pain medication, anti-inflammatory medication, and chiropractic care, without significant or durable relief of his pain. He last underwent imaging of his thoracic spine in June of 2019.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine CT.; "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.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	<p>This test will be performed after a Myelogram.; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; axial back pain radiating into the anterior thighs and knee. The pain is quite diffuse. She has difficulty pinpointing the exact location. The pain occurs in different positions. Some times, it is worse when she sits down, some times it is worse whe; physical therapy, that made things worse. She has tried injections as well as multiple medications, none of which provided her with relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	<p>Evaluate for nerve root compression or spinal cord compression; This study is being ordered for trauma or injury.; February 2016; There has been treatment or conservative therapy.; Acute midline back pain, bilateral low back pain along with pain in her cervical spine that radiates to her shoulder and right rib cage, slight numbness and tingling in right hand; Thoracic fusion in February 2016; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	Suspected progression of compression fractures.; This study is being ordered for trauma or injury.; June 2019; There has been treatment or conservative therapy.; progressively worsening low back and interscapular pain, discomfort in his bilateral shoulders, complains of progressively kyphotic posture; physical therapy, pain medication, anti-inflammatory medication, and chiropractic care, without significant or durable relief of his pain. He last underwent imaging of his thoracic spine in June of 2019.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This test will be performed after a Myelogram.; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; axial back pain radiating into the anterior thighs and knee. The pain is quite diffuse. She has difficulty pinpointing the exact location. The pain occurs in different positions. Some times, it is worse when she sits down, some times it is worse whe; physical therapy, that made things worse. She has tried injections as well as multiple medications, none of which provided her with relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; 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.; Spastic gait with hyperreflexia.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	am concerned that the syrinx is not in continuity with the ventricles; This study is being ordered for a neurological disorder.; 4/11/2017; There has been treatment or conservative therapy.; ; Surgery, medication, pain managenet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Bruce Britt is a sixty-year-old male presenting with symptoms concerning for left-sided amaurosis fugax as well as left radiculopathy in the setting of prior cervical fusion. Near total occlusion of carotid artery has not been shown in major clinical tri; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Alert and oriented times three. Extraocular movements are intact. Face is symmetric. He moves right upper extremity and right lower extremity with full strength. He has give-away weakness 4-/5 at the left deltoid, biceps, and triceps secondary to pai; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Chiari malformation; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; ; NSAIDs, PT, steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is 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.; chronic pain neck and low back scale 10 out of 10; medication PT, Chiropractic care injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient had office visit complaining of Pain on the tops of her shoulder that radiates down her arms to the elbow. Patient states it hurts to put on her clothes, to get out of a chair and to basically do any movement. Patient states the only relief she g; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Presence of cervical kyphotic deformity most pronounced with a kyphotic inlet C3-C4 and C4-C5. There is significant diffuse facet arthropathy of the cervical spine with primarily lateral recess foraminal stenosis although at C6-C7, there may be a compone; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.;	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	11	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; It is not known if the patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; aching, throbbing, numb, trouble sleeping, weakness, swelling in legs/feet, muscle/joint aches; HAd Cranioplasty in Oct 2019; Physical Therapy orderd 10/15/19; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unkown; This study is being ordered for a neurological disorder.; 5/15/2018; There has been treatment or conservative therapy.; frontal headaches, numbness in hands & feetrn; surgery, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	am concerned that the syrinx is not in cintinuity with the ventricles; This study is being ordered for a neurological disorder.; 4/11/2017; There has been treatment or conservative therapy.; ; Surgery, medication, pain managenet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	PT IS NEEDING MRI'S DONE AS THEY HAVE NOT BEEN DONE PREVIOUSLY, AND TO SEE THE PATHOLOGY THAT IS CAUSING SUCH PAIN THE PATIENT IS EXPERIENCING.; This study is being 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.; INCREASED LOWER AND MID BACK PAIN.; MEDICATION: NSAIDS/OPIOIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.; Assessment from EMG states generalized idiopathis sensorimotor polyneuropathy. Unable to determine certainty since the abn. are limited to the posterior primary rami distribution paraspinals at appr L5 vertebral level. Pt does have symptoms in an L5 distr	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;</p> <p>Biceps: 2/4 bilateral; Triceps: 2/4 bilateral; Patella tendon: 2/4 bilateral; Achilles tendon: 2/4 bilateral</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Aaron Renfro is a 53 year old male who complains primarily of low back and leg pain. In addition, he also complains of hip pain. The patient states that the onset of pain was gradual with no known reason. The pain is not the result of any injury or accide; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	back pain with abnormal xray; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Back pain, prior surgery, new or progressive sx;Radiculopathy, prior surgery, new or progressive sx; 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.; Right hip: He exhibits decreased range of motion, decreased strength and tenderness. He exhibits no deformity (no shortening/rotation noted). ; Left hip: He exhibits decreased range of motion, decreased strength and tenderness. ; Lumbar back: He exh; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Chiari malformation; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; ; NSAIDs, PT, steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Chronic low back pain;;Seen by PCP on 1/14/2020 and again on 2/21/2020 for CLBP which he reports having since 2010 following multiple MVAs with the last being on 2/13/2020. He was an unrestrained driver t-boned another vehicle at about 35 mph and his air; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2010; There has been treatment or conservative therapy.; chronic pain neck and low back scale 10 out of 10; medication PT, Chiropractic care injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	known low back issues with L5/S1 disc protrusion. Has been significantly worse recently.. Can only stand and walk briefly and gets back pain to posterior legs to calf bilaterally and has to sit down. Pain when raises legs. No definite numbness. No B/B iss; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	MILD DEGENERATIVE CHANGE ON LUMBAR SPINE X-RAY; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; NO IMPROVEMENT AFTER 6 WEEKS	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pain Details: The patient presents today for follow up. They report increased pain;and state pain is barely controlled but current medication regimen is adequate .;Denies any side effects from medications, but does report some limited activity and;enjo; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; chronic neck and back pain; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pain scale 8 out of 10 updated mri requested prior to lumbar epidural; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; paresthesias bilateral low extremity ,	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient is having worsening pain and numbness. Patient is having surgery \; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PATIENT'S BACK PAIN IS INCREASING RADIATING DOWN HIS LEGS. HIS POSTURE IS SLIGHTLY BENT FORWARD DUE TO IT BEING THE MOST COMFORTABLE POSITION. HE IS UNABLE TO FLEX OR BEND DUE TO INCREASED PAIN.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt had medication and injections and weightloss.; The study requested 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 can barely stand and has trouble walking. He is getting worst; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt had radiculopathy into bilat lower ext, decreas lumb spine rom, w/exag of pain on extension and rotation. On musculoskeletal exam, joinj pain, lypm, numbness/tingling,; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PT IS NEEDING MRI'S DONE AS THEY HAVE NOT BEEN DONE PREVIOUSLY, AND TO SEE THE PATHOLOGY THAT IS CAUSING SUCH PAIN THE PATIENT IS EXPERIENCING.; This study is being 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.; INCREASED LOWER AND MID BACK PAIN.; MEDICATION: NSAIDS/OPIOIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	SYMPTOMS HAVE ONLY BEEN PRESENT 7 DAYS AND THE DOCTOR IS WANTING TO INVESTIGATE NERVE INVOLVMENT; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.;	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	13 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.; Pain Medicines: otc medicines (tylenol, acetaminophen), ultram/tramadol, hydrocodone (vicodin, lortab, norco), oxycodone (percocet, oxycontin), cyclobenzaprine (flexeril), gabapentin (neurontin), pregabalin (lyrica) and topiramate (topamax). Prior Treatme	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.; TRAMADOL (CURRENT);ROBAXIN;HYDROCODONE ;GABAPENTIN;TIZANIDINE	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	29 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.; Medrol dosepak, cyclobenzaprine for spasms, gabapentin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72191 Computed tomographic angiography, pelvis, with contrast	This is a request for a pelvis CT angiography.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	1/9/20-He had a malignant neuroendocrine carcinoid tumor of the lung resected in March of 2009. He has done fine ever since. However, we saw him last time and his chest x-ray was completely different from before with an essential white-out of the left l; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	; This is a request for a Pelvis MRI.; It is not known if this is a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-2019; There has been treatment or conservative therapy.; Diarrhea; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PATIENT HAS HAD PHYSICAL THERAPY WITH LITTLE TO NO CHANGE AND HAS HAD INJECTIONS. MRI IS REQUESTED TO TRY AND FIND WHAT IS CAUSING THE PAIN.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Randall Logan is a 56 year old White male who complains primarily of hip pain. In addition, he also complains of lower back pain. It does not radiate. He states the pain is deep, sharp, shooting and pressure. On a numerical rating scale, the patient state; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	; The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	EntWilliam Dixon is a 77-year-old gentleman who presents for evaluation of his left shoulder. He fell in the bath of about a year ago catching his armpit on the edge of the bathtub. Since then he has complained of left shoulder pain which recently seems t; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Fell off steps 3 high 8 days ago and now by exam and history has ftrct of supraspinatus possibly also subscap and may have torn her labrum so needs MR arthrogramr answer here - or Type In Unknown If No Info Given.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	NEW LT SHOULDER - had a pop in shoulder a couple of weeks ago. PCP gave IM inj of steroid, which helped about a day a half.;;Musculoskeletal exam: ;Forward elevation: 120;Abduction: 90 then pain starts but able to abduct to 120;Internal rotation: ; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient was assaulted in Sept and has had shoulder pain since that time. Her back/hips and knees bothered her more, so PT was done to back/knees. Was unable to tolerate mobic, she c/o of arm pain with numbness and tingling of the armsalso weakness in the; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Positive Hawkins and Neer impingement maneuvers. Painful arc and overhead activity/+ Jobe test. advanced imaging needed to assess further treatment.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	possible ganglion; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	9 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from 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?	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Wrist pain after surgical procedure, knot now at area, numbness in fingers and thumb; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has 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 being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	Would like study due to ground-glass lesion and to see it's pathology.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Prior to 2005. Patient had knee surgery in 2005.; There has been treatment or conservative therapy.; TRICOMPARTMENTAL BILAT KNEE OSTEOARTHRITIS, INDETERMINATE GROUND-GLASS LESION W/ PERIPHERAL LUCENCY IN THE ANTERIOR PROXIMAL TIBIAL DIAPHYSIS ON THE RIGHT.; She has taken medication for the pain and has completed physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Blenda fell about a month ago and her knee now swells, pops, seems unstable, and gives out.;;She is wearing a knee brace which helps to minimize the instability.;;Examination reveals moderate swelling, no bruising, and medial and lateral joint line te; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; It is not known if surgery is planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Joint space of the second TMT joint with complete loss of joint space. Mild joint space narrowing of the medial navicular cuneiform joint. Patient has been given cortisone injections.; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Right ankle pain, rule out posterior tibial tendon tear.; This is a request for an Ankle MRI.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	9	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Left hip dysplasia. X-ray shows dysplastic femoral head shower low acetabulum joint space well-maintained large cam deformity along superior lateral femoral head/neck consistent w/ dysplastic femoral head. MRI is needed to confirm that the cartilage is in; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	female who complains primarily of hip pain. In addition, she also complains of lower back pain. It does not radiate. She states the pain is aching, cramping and sharp. On a numerical rating scale, the patient states he; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02-27-2020; There has been treatment or conservative therapy.; HIP PAIN THAT RADIATES TO THE BACK OF THE LEGS, SIDE OF THE LEFT AND RIGHT LEG AND THE SIDE OF THE LEGS SHE STATES THE PAIN IS ACHING, BURNING, DEEP, SHARP, SHOOTING AND PRESSURE HER PAIN AT IT'S WORST IS 10 OUT OF 10; Professional caregivers seen in the past include emergency physician, family physician, chiropractor, physical therapist, neurologist, pain medicine doctor, orthopedist, rheumatologist, oncologist and urologist. Prior Tests Performed: x-rays, ct scan and ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	PT HAS NEW SUDDEN ONSET OF LEFT HIP PAIN. PT HAD UNDERGONE SURGERY ON HIS RIGHT HIP PREVIOUSLY. HIS LEFT HIP PAIN IS CAUSING HIM TO HAVE COMPLICATIONS IN GETTING AROUND.; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; The request is not for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	1/9/20-He had a malignant neuroendocrine carcinoid tumor of the lung resected in March of 2009. He has done fine ever since. However, we saw him last time and his chest x-ray was completely different from before with an essential white-out of the left l; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	Abnormal CT 11-29-2019; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	b17.9 concern for hemangioma pt had us abd limited done on 03-05-2020 hyperechoic lesions in the liver that may represent hemangiomas noted on the us needed confirmed with ct of the abd, hemangioma protocol; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	Evaluate abnormal imaging indicating metastatic disease of liver.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	Patient first came on 1/21/2020 and she was having right upper quadrant pain. 1/24/2020 abdominal ultrasound that showed small round nodule. CT to further assist.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	(staging for newly diagnosed breast cancer); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3/23/20- Ms. Medina had a pancreas cancer by biopsy. This original diagnosis was in March of 2019. She had neoadjuvant chemo and was taken to surgery, but had not become resectable. We went on with chemotherapy and she had a very dramatic response. Once ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, fever, abscess suspected;Abd pain, RLQ;HX of Crohns and abscess; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, fever, abscess suspected;Abd pain, RLQ;HX of Crohns and 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.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ABDOMINAL PAIN THAT HASNT IMPROVED WITH CHANGING MEDS, NOT RESOLVED OVER TIME, HISTORY OF OTHER TYPE OF CANCER; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	acute blood loss, melena, on thinners, hemoglobin 7.5 and dropping. r/o bleed/tumor; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	acute blood loss, melena, on thinners, hemoglobin 7.5 and dropping. r/o bleed/tumor; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Barbara has metastatic breast cancer to bone, strongly ER positive at diagnosis. She had a lumpectomy in February of 2019. She was started on Femara/Ibrance and she has dramatically responded. She did have a full lumpectomy which demonstrated 3 cm residua; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	COLON CANCER RE-STAGING DURING TREATMENT; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	COMPLETED ENDOCRINE THERAPY; RESTAGING FOR TREATMENT PLANNING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Constitutional: ;Patient c/o rectal bleeding since last night. ;Severe abd. pain. Bilateral Lower abd. pain;Diarrhea began a few days ago;N/V.;She is being workup by her PCP for RA;Patient takes Motrin 800mg PO qday;Bright read 5 drops in toliet t; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Constitutional: ;Patient c/o rectal bleeding since last night. ;Severe abd. pain. Bilateral Lower abd. pain;Diarrhea began a few days ago;N/V.;She is being workup by her PCP for RA;Patient takes Motrin 800mg PO qday;Bright read 5 drops in toliet t; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	elevated WBC, RUQ pain, Epigastric pain. Vomitting with diarrhea; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	elevated WBC, RUQ pain, Epigastric pain. Vomiting with diarrhea; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Evaluation of disease and response to therapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Findings worrisome for a high-grade distal small bowel obstruction;with the transition point likely distal in the small bowel.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Findings worrisome for a high-grade distal small bowel obstruction;with the transition point likely distal in the small bowel.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	for possible malignancy, concern for recurrence; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	for possible malignancy, concern for recurrence; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	I have seen and examined the patient. She does have a small symptomatic recurrent umbilical hernia. She has had a previous repair with mesh by Dr. Brinson Owens. I will order a Ct scan for further evaluation of the hernia and anatomy. Also to evaluate pre; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	I have seen and examined the patient. She does have a small symptomatic recurrent umbilical hernia. She has had a previous repair with mesh by Dr. Brinson Owens. I will order a Ct scan for further evaluation of the hernia and anatomy. Also to evaluate pre; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Inguinal hernia evaluation and enlarged hardened spermatic cord; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Inguinal hernia evaluation and enlarged hardened spermatic cord; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	LIVER IS BEING TREATING WITH ANTIBIOTICS; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	LIVER IS BEING TREATING WITH ANTIBIOTICS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	lower abdominal pain OR hematuria; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	lower abdominal pain OR hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	LYMPHADENOPATHY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Malignancy work up including CT scan done on 6/14/17 showed Lytic lesions in the L5 vertebral body and right sacral ala which are suspicious for metastatic disease. Recently she also had pessary device placed due to cystocele. Lytic bone lesion status I; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Malignancy work up including CT scan done on 6/14/17 showed Lytic lesions in the L5 vertebral body and right sacral ala which are suspicious for metastatic disease. Recently she also had pessary device placed due to cystocele. Lytic bone lesion status I; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Marla had an aggressive, triple negative breast cancer. She had a biopsy and neoadjuvant chemotherapy. After neoadjuvant chemo, she had surgery that showed no residual cancer. She has had two chemos post-op and has done great. Her scans were negative f; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Ms. Peavy had locally extensive anal squamous cell carcinoma diagnosed back in August of last year. She had radiation and chemo which was very difficult on her. Physical exam continues to show an ulcerated lesion to the right of the anal verge and she is ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Neoplasm: pancreas, recurrence, suspected/known.;70-year-old lady, known to have steatohepatitis and liver cirrhosis (NASH) had on 7/12/2019 an ultrasound of the abdomen which showed fatty liver, cholecystectomy, blue dye rotation in addition to a 3.5 cm; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is still having extreme abdominal pain doctor would like to further eval with ct to see what is causing this pain.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is still having extreme abdominal pain doctor would like to further eval with ct to see what is causing this pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	POST TREATMENT EVALUATION FOR KNOWN LUNG 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	presented to clinic for f/u for hematuria, left flank pain, and LLQ tenderness. Pt has urinary frequency with waves of nausea. No fever but is chilled and overall feels poorly. Pt has a hx of small stones x 6 weeks ago.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	presented to clinic for f/u for hematuria, left flank pain, and LLQ tenderness. Pt has urinary frequency with waves of nausea. No fever but is chilled and overall feels poorly. Pt has a hx of small stones x 6 weeks ago.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has severe LLQ pain with signs of diverticulitis. Needs CT ASAP; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has severe LLQ pain with signs of diverticulitis. Needs CT ASAP; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt has unexplained weight loss. has loss 30 pounds in last 2 months; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt has unexplained weight loss. has loss 30 pounds in last 2 months; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt having severe pain on left side lower abdominal. Pt is guarding and has had blood in stool; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt having severe pain on left side lower abdominal. Pt is guarding and has had blood in stool; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RENAL CANCER SURVEILLANCE-PATIENT HAS UPCOMING PROCEDURE ON 4/13. DR WOULD LIKE CT DONE PRIOR TO THIS PROCEDURE AND DISCUSS WITH PT AT TIME OF SURGERY.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RENAL CANCER SURVEILLANCE-PATIENT HAS UPCOMING PROCEDURE ON 4/13. DR WOULD LIKE CT DONE PRIOR TO THIS PROCEDURE AND DISCUSS WITH PT AT TIME OF SURGERY.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Requesting to check for renal stone due to continue micturition and hematuria. Also continued left upper quadrant pain with radiating pain to left side of the back.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Requesting to check for renal stone due to continue micturition and hematuria. Also continued left upper quadrant pain with radiating pain to left side of the 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.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Restaging of 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RESTAGING POST TREATMENT.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Robin had a high grade, ER negative, HER-2 positive breast cancer with a high Ki-67, diagnosed back in July of 2017. She had chemo/Herceptin adjuvant therapy, finishing with no evidence of cancer. We are now following her reasonably closely. Other than h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	surveillance known breast ca x 2 ;1. stage 3a;2. stage 1a; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	SURVEILLANCE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The Pt had surgery on appendix 06/2019. having pain since then. Right lower quad pain. evaluate for issue since surgery.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The Pt had surgery on appendix 06/2019. having pain since then. Right lower quad pain. evaluate for issue since surgery.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; Surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; Surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	TREATMENT RESPONSE FOR LUNG 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	treatment response to known met stage 4 rectal 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2019; There has not been any treatment or conservative therapy.; Nausea, vomiting, diarrhea, and chest pains. Patient also has a hernia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-2019; There has been treatment or conservative therapy.; Diarrhea; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	7 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has a lifetime risk of 22%, Mother was diagnosed at 72 with breast cancer, radiologist recommended MRI for high risk follow-up; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has discharge from left nipple and higher risk for breast cancer due to Mother diagnosed at age 61. Diagnostic Mammo and Left US done 3/16/2020 resulted in inconclusive Bi-Rads 0, needs further imaging done.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	01. Body mass index (BMI) 32.0-32.9, adult;02. H/O: CVA (cerebrovascular accident);03. Essential hypertension;04. Mixed hyperlipidemia;1. DOE. This has been occurring for the past few mths. He states he notices the symptoms more when he is showerin; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	pt barley can walk on treadmill more than one minute. pt gets short of breath even just washing her dishes or washing her clothes. Pt blood pressure is slightly above goal.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	We will plan further evaluation with echocardiogram and treadmill Cardiolute stress testing as she is at high risk for atherosclerotic cardiovascular disease with an ACC/AHA 10-year risk of development of atherosclerotic cardiovascular disease of 43.5%; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative	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.; Enter answer here - or Type In Unknown If No Info Given. & don't know if computer will allow rrr denial see my notes rec reprocessing for approval for a heart MUGA study which is what the physician wants and not a mpi study # 112123188	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for 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.; hypertension, This is a chronic problem. The problem is resistant. Associated symptoms include chest pain and palpitations.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; An SPEP (Serum Protein Electrophoresis) test suggests their need for ordering this study.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; pulmonary htn; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	BILATERAL LOWER EXTREMITY EDEMA; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	He has an ascending thoracic aortic aneurysm. The Nov 2019 Coronary Artery Calcium Score (=1 in LAD, 38th percentile, low risk) CT scan also showed a 44 mm ascending thoracic aortic aneurysm and COPD. His pulse is naturally low.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; The patient has high blood pressure	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.;; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.;; The patient has suspected prolapsed mitral valve.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.;; This is an evaluation of new or changing symptoms of valve disease.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.;; This is an initial evaluation of suspected valve disease.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure;; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	19 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Type 2 diabetes mellitus with other diabetic kidney complication;He states his activities are limited by his left knee pain. He is not certain that he could walk on a treadmill.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode	This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological ly induced stress,	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	5 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	The prev Low Dose CT for Cancer Screeing that done last year showed abnormality. This is for follow up.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	55-year-old female presents with chest pain and syncope. Patient reports this evening after dinner she experience postural dizziness. Then after a bowel movement she experienced syncopal episode unsure of length of time she was unconscious. After this ; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; She presents with an episode history of multiple syncope. The most recent episode occurred more than 2 days ago. It occurs intermittent. The problem is unable to specify. This is an chronic problem.; medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Dizziness, chronic, mostly positional;describes as room spinning;Change in frequency now, with more episodes recently and lasting longer than before; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	patient with complaints of worsening memory loss and difficulty putting words together. Patient with Hx of abuse,possible brain injury.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	pet scan showed nodules in lungs, high risk given ongoing tobacco use, patient health declined with weight lost over the past year. Had left ear issues along with hearing loss.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has really bad headaches. It starts on the left side of her occipital area. She loses visual acuity and cannot focus. Pt states HAs 1-3 times a day, each lasting a couple of hrs at a time.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Right sided new HA with hx of tobacco in the past. ETOH. Given changes in vision CT head to rule mass. VISION exam by optometry nsaid's etc; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	He describes the problem as severe. ;He describes the symptoms as severe headaches above left brow, It eye waters, It nasal drainage, post nasal drainage. ;He has had the following previous treatments for this problem: oral abx and Imitrex which he does; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Sinusitis, unspecified chronicity, unspecified location; 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; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	pet scan showed nodules in lungs, high risk given ongoing tobacco use, patient health declined with weight lost over the past year. Had left ear issues along with hearing loss;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 08/16/2018; There has been treatment or conservative therapy.; fainting, stroke, slurred speech, difficulty with upper extremity coordination; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 08/16/2018; There has been treatment or conservative therapy.; fainting, stroke, slurred speech, difficulty with upper extremity coordination; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/01/2019; There has been treatment or conservative therapy.; h/a, memory issues; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Posterior headaches with loss of vision.; This study is being ordered for Vascular Disease.; 10/2019; There has been treatment or conservative therapy.; Dizziness, syncope.; Stress reduction and Monitoring Symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Annual MRI scan to check brain compression; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Compression of brain, 1.4 cm Tonsillar herniation & crowning of FM with reduced dorsal flow, temporal pain, hydronephrosis on right; Tramadol, exercise, healthy lifestyle care instructions; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/01/2019; There has been treatment or conservative therapy.; h/a, memory issues; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient has low testosterone level and also pituitary dysfunction; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient with chronic severe headache. patient no responding to medication treatment; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o random sensation of " pins and needles" that has been migratory over several years. Currently right lower leg. Patch will eventually resolve until a new area will be affected- Has hx of unexplained vision loss several years ago that last for about ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	r/o tumor; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	seizure; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	She goes on March 26th to see a neuro-ophthalmologist in Little Rock. Says her vision changes aren't due to the diabetes. Says they considered the possibility of MS on a scan of her head in 2005. Says she has some symptoms of MS (HAS, vision changes, off ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Since the last visit patient notes new problems or concerns. Still with pins and needles sensation now on back in mid-thoracic on right side. Notes that she can not feel her bra there. Has history of unexplained visual loss several years ago that improve; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Suboccipital decompression with tonsillar resection, duroplasty and cranioplasty.; This study is being ordered for a neurological disorder.; years; There has been treatment or conservative therapy.; ; Analgesics, muscle relaxers - surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This is a surgery follow up with new pain; This study is being ordered for a neurological disorder.; new patient on 5/15/2018; There has been treatment or conservative therapy.; follow up from surgery. Patients is experincing pain 7/10 level, with aching & throbbing; surgery 11/12/2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	tremors in hands, unknown cause.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Yearly follow-up; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	He has an ascending thoracic aortic aneurysm. The Nov 2019 Coronary Artery Calcium Score (=1 in LAD, 38th percentile, low risk) CT scan also showed a 44 mm ascending thoracic aortic aneurysm and COPD. His pulse is naturally low.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	LEFT SIDED PAIN, DIFFICULTY BREATHING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; LEFT SIDE PAIN, DIFFICULTY BREATHING; There has not been any treatment or conservative therapy.; LEFT SIDED PAIN, DIFFICULTY BREATHING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Luanne has bilateral invasive breast cancers, both ER negative, HER-2 negative, node negative. We recommended six cycles of CMF. She will have radiation or mastectomy at the end of that. She is over all of the cellulitis she had and her PET scan is negati; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Lung nodule, less than 1cm, low risk; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pet scan showed nodules in lungs, high risk given ongoing tobacco use, patient health declined with weight lost over the past year. Had left ear issues along with hearing loss.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	SARCOIDOSIS;Doesn't appear to have active pulmonary sarcoidosis at present.;Obtain CT chest, PFTs, and 6MWT before next visit.; The patient is NOT presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	SOLITARY PULMONARY NODULES; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	STAGING LEUKOPENIA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	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 does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	UTERINE 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Follow up of AAA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; AAA found May 24, 2017 on CT Abdomen.; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	PATIENT HAS A HISTORY OF RIGHT LUNG MASS, HEMOPTYSIS AND EMPHYSEMATOUS CHANGES OF THE LUNG. PATIENT ALSO COMPLAINED OF INCREASED COUGHING WITH BLOOD AND DECREASED APPETITE WITH WEIGHT LOSS.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	back pain x 3 weeks; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/02/20; It is not known if there has been any treatment or conservative therapy.; sharp back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt complains of ache/pain in neck, shoulder, lt arm, back, lt hip, lt leg. Pain is aching, numbness and tingling. Pt has tried Physical therapy and injections. She currently takes ibuprofen 800mg and gabapentin 600 mg TID for pain control.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	back pain x 3 weeks; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/02/20; It is not known if there has been any treatment or conservative therapy.; sharp back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2019; There has not been any treatment or conservative therapy.; Nausea, vomiting, diarrhea, and chest pains. Patient also has a hernia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.;	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decreased grip strength in the left hand, pain radiating down the arm to the hand and into the lateral axilla. Tender over the paraspinal muscles; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right shoulder pain, weakness down his right arm. abnormal xray; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Annual MRI scan to check brain compression; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Compression of brain, 1.4 cm Tonsillar herniation & crowning of FM with reduced dorsal flow, temporal pain, hydronephrosis on right; Tramadol, exercise, healthy lifestyle care instructions; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	arry Harrison is a 56 year old White male who complains primarily of lower back pain. In addition, he also complains of leg pain and neck pain. The patient states that the onset of pain was Patient reports he got "run over as a teenager.". The pain began ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Chiari patient; This study is being ordered for a neurological disorder.; 06/18/2015; There has been treatment or conservative therapy.; headaches; Tramadol, Norco and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	CHRONIC RADIATING INTO SHOULDER AND ARM PAIN AND HEADACHE; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; It is not known if there is laboratory evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; It is not known if there is laboratory or x-ray evidence of meningitis.; It is not known if there is laboratory or x-ray evidence of a paraspinal abscess.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; 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.; 01/28/2020; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral hand numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	NECK PAIN THAT RADIATES DOWN TO HER FINGERS, HAS NUMBNESS AND TINGLING, HAS USED OTC ANTI-INFLAMMATORIES FOR THE PAST THREE MONTHS WO RELIEF. history of abnormal EMG in the past now with worsening symptoms. Patient describes radicular neuropathic pain. LO; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain Details: The patient presents today for follow up. They report increased pain;and state pain is barely controlled but current medication regimen is adequate .;Denies any side effects from medications, but does report some limited activity and;enjo; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; chronic neck and back pain; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS NOT HAD MRI'S SINCE 2018 AND HAS WORSENING SYMPTOMS AND PAIN WITH HIS NECK AND BACK. NEED CURRENT MRI'S COMPLETED TO SEE IF ANY NEW PATHOLOGY HAS OCCURED TO CAUSE THE WORSENING PAIN. IN 2018 DURING HIS PREVIOUS MRI'S, THEY SHOWED L4-5 FORAMINA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; NECK AND MID TO LOWER BACK PAIN THAT RADIATES INTO BOTH ARMS AND HANDS. THE LOWER BACK PAIN ALSO RADIATES TO HIS HIPS.; PATIENT HAS COMPLETED 6 WEEKS OF PHYSICAL THERAPY APPROXIMATELY 3 WEEKS AGO.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried and failed all other needs to further eval with CT and MRI's; This study is being ordered for trauma or injury.; Patient had a motor vehicle accident and is in lots of pain still needs further evaluation with MRI and CT; There has been treatment or conservative therapy.; She has cervical and lumbar back pain and also abdominal pain from being thrown around in the motor vehicle accident; Patient has had Naproxen 500 mg and cyclobenzaprin 5 mg and trying to to PT at home but is in so much pain is not helping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having pain radiating from neck down arm. She is losing her strength in her right arm due to the pain. Trouble lifting, reaching, pulling.; This is a request for cervical 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 pain radiating from neck down arm. She is losing her strength in her right arm due to the pain. Trouble lifting, reaching, pulling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was involved in MVA on 12/02/2019. She is having neck pain. She was the driver and had on seatbelt. Patient hit tree. Abnormal x-ray with disc narrowing at c4-5.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with history of right sided neck and shoulder pain for approximately a month with little or no improvement. Has had trail of steroids , injection ,muscle relaxers, nsaid. Patient still complains of chronic pain to neck radiating down into the ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt needing MRI c spine for chronic neck pain with radiating pain down bilat arms. Mri l spine for chronic rt sided back pain with rt sided sciatica, tenderness in lumbar/sacral area.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Severe Neck pain/headaches; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Still with ongoing neck pain. When he was getting a truck he hit his forehead on the top of the truck and heard a crack. Now with severe pain and pain also into the left arm. Pain is occurring daily. Did this about 2 weeks.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Suboccipital decompression with tonsillar resection, duroplasty and cranioplasty.; This study is being ordered for a neurological disorder.; years; There has been treatment or conservative therapy.; ; Analgesics, muscle relaxers - surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a surgery follow up with new pain; This study is being ordered for a neurological disorder.; new patient on 5/15/2018; There has been treatment or conservative therapy.; follow up from surgery. Patients is experincing pain 7/10 level, with aching & throbbing; surgery 11/12/2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This 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.; for the bicep, tricep, patelitendon have 2 of 4 bilaterally	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	X-Ray Lumbosacral Spine: ;A vacuum disc phenomenon was noted.; This study is 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 to provider several times for same complaint, 01/15/20 was sent to Physical therapy; There has been treatment or conservative therapy.; neck pain, Back pain abnormal lateral flexion spine rotation abnormal spine motion abnormal; Medication and home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	XR showed DJD need the MRI to see what is exactly going on.; This is a request for cervical 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 radiculopathy into R shoulder down the R arm with weakness in that arm.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Mid and low back pain for years. Over the past week has had numbness and pain radiating to lower back and around to front of abdomen. abdomen feels numb. No urine or bowel incontinence . No dysuria.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	MSK: mild tenderness to palpation at the t4-t5 level of the left paraspinal muscle. Minimal atrophy is noted however atrophy is present. Right paraspinal muscle is normal appearing.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Needed to further treat patient.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; STARTED AROUND 2015.; There has been treatment or conservative therapy.; Thoracic and Lumbar Spine Pain, Pain in bending, standing, walking or sitting increases, positive paraspinal tenderness in the thoracic region, and positive pain with facet loading and as she is twisting left to right.; Oxycodone w/ Acetaminophen 10/325, Percocet 10/325, TENS Unit, Physical Therapy, Back Injections.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has burning/tingling in his thoracic spine from several falls. Previous pathology in L-Spine.; This is a request for a thoracic 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.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has hyperalgesia from T8 to L1; She stays flexed over with difficulty to stand straight. When palpated from T8 to L1, she would jump.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is unknown if there is recent evidence of a thoracic spine fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS NOT HAD MRI'S SINCE 2018 AND HAS WORSENING SYMPTOMS AND PAIN WITH HIS NECK AND BACK. NEED CURRENT MRI'S COMPLETED TO SEE IF ANY NEW PATHOLOGY HAS OCCURED TO CAUSE THE WORSENING PAIN. IN 2018 DURING HIS PREVIOUS MRI'S, THEY SHOWED L4-5 FORAMINA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; NECK AND MID TO LOWER BACK PAIN THAT RADIATES INTO BOTH ARMS AND HANDS. THE LOWER BACK PAIN ALSO RADIATES TO HIS HIPS.; PATIENT HAS COMPLETED 6 WEEKS OF PHYSICAL THERAPY APPROXIMATELY 3 WEEKS AGO.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried and failed all other needs to further eval with CT and MRI's; This study is being ordered for trauma or injury.; Patient had a motor vehicle accident and is in lots of pain still needs further evaluation with MRI and CT; There has been treatment or conservative therapy.; She has cervical and lumbar back pain and also abdominal pain from being thrown around in the motor vehicle accident; Patient has had Naproxen 500 mg and cyclobenzaprin 5 mg and trying to to PT at home but is in so much pain is not helping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Since the last visit patient notes new problems or concerns. Still with pins and needles sensation now on back in mid-thoracic on right side. Notes that she can not feel her bra there. Has history of unexplained visual loss several years ago that improve; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	TO FIND PATHOLOGY OF WHAT IS CAUSING PAIN AT THE SITES LISTED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SPRING 2018; There has been treatment or conservative therapy.; INCREASED AND WORSENING PAIN IN THORACIC AND LUMBAR SPINE. BRUISING AT SITES WITH SWOLLEN NODULES ALONG SPINE.; STEROID INJECTIONS;MEDICATIONS;SURGERY;PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	X-Ray Lumbosacral Spine: ;A vacuum disc phenomenon was noted.; This study is 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 to provider several times for same complaint, 01/15/20 was sent to Physical therapy; There has been treatment or conservative therapy.; neck pain, Back pain abnormal lateral flexion spine rotation abnormal spine motion abnormal; Medication and home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; extremities. However, in getting up from the chair to be examined, he struggled going from sitting to standing position. He never did stand totally straight. He was bent forward. He could not flex or extend his spine due to pain. On the left, the straight; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	. pain for about 2 months ever since she was not down at Robinson Center. She states she landed on her knees and has had issues ever since. She also notes burning in her lumbar spine radiating out into her right buttock. It is pretty much constant and she; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back and hip pain, arthritis, DDD to l spine.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic low back pain and RLE radicular pain that has failed conservative therapy. Will get MRI l spine as imaging is greater than year old and symptoms have worsened with time. If imaging equivalent will plan for L5-S1 R MIS METRIX discectomy with foramin; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unable to stand on both legs, muscle twitches, muscle wasting, abnormal posture, pain and tenderness in muscles; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness down right leg and right hip difficulty bending over.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Joint pain, numbness and tingeling, decreased range on motion with pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Stabbing pain down the lower back and neck	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Kyle McCaffrey is a 30 year old African American male who complains primarily of neck pain. In addition, he also complains of joint pain from arthritis, shoulder pain, upper back pain and low back and leg pain. The patient states that the onset of pain wa; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Ldiazepam 5 mg tablet x 6 Days;diclofenac potassium 50 mg tablet x 10 Days;olanzapine 10 mg tablet x 30 Days	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Left foraminal disc protrusion at L3-4 is noted with moderate;narrowing of the left neural foramen.;3. Mild hypertrophy of facet joints at L2-3 and L4-5 without;significant central or foraminal narrowing.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain with radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Medical Decision Making;X-ray Interpretation;X-rays of the pelvis AP standing and lateral of the the right hip including false profile and Dunn views were done in the clinic today reviewed and interpreted that showed acceptable articular space, unremark; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mid and low back pain for years. Over the past week has had numbness and pain radiating to lower back and around to front of abdomen. abdomen feels numb. No urine or bowel incontinence . No dysuria; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr Rojas underwent a Selective Nerve Root Block at L4/5 on the right on 11/07/2019. He states he was suffering from low back and right leg pain before this procedure. He states the procedure relieved 75% of his right leg pain for 48 hours following the pr; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He states the left leg pain is new for him. He reports weakness in his bilateral legs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Jonnie Craig is a 47yo man who presents to clinic for the first time c/o Lt Knee, Rt elbow, hands, joints, and back pain. He states he has rheumatoid arthritis. He states he has patches for smoking cessation. He denies loss of bladder or bowel control; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness, pain and numbness has been going on for about 6-12months. Bilateral lower extremity numbness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Needed to further treat patient.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; STARTED AROUND 2015.; There has been treatment or conservative therapy.; Thoracic and Lumbar Spine Pain, Pain in bending, standing, walking or sitting increases, positive paraspinal tenderness in the thoracic region, and positive pain with facet loading and as she is twisting left to right.; Oxycodone w/ Acetaminophen 10/325, Percocet 10/325, TENS Unit, Physical Therapy, Back Injections.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Paresthesias in bilateral legs to feet mainly in an L4 distribution; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient experiences lower back pain that radiates down her 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.; The left lower extremity is examined. She has pain with weightbearing on this left lower extremity. No swelling or erythema is noted. No instability in the coronal or sagittal planes. Neurovascularly intact distally. She does have pain with a straight; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>PATIENT HAS NOT HAD MRI'S SINCE 2018 AND HAS WORSENING SYMPTOMS AND PAIN WITH HIS NECK AND BACK. NEED CURRENT MRI'S COMPLETED TO SEE IF ANY NEW PATHOLOGY HAS OCCURED TO CAUSE THE WORSENING PAIN. IN 2018 DURING HIS PREVIOUS MRI'S, THEY SHOWED L4-5 FORAMINA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; NECK AND MID TO LOWER BACK PAIN THAT RADIATES INTO BOTH ARMS AND HANDS. THE LOWER BACK PAIN ALSO RADIATES TO HIS HIPS.; PATIENT HAS COMPLETED 6 WEEKS OF PHYSICAL THERAPY APPROXIMATELY 3 WEEKS AGO.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having low back with Paresthesia in bilateral lower limbs; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with back pain that radiates into left leg.Falls; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with severe 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Strength is 5/5 throughout and symmetric.;Positive Tinel's left wrist.;Positive Phalen's test.;No Hoffmann reflex.;No Babinski reflex.;No ankle clonus.;Reflexes 1+ throughout and symmetric.;Antalgic gait.;Sensation intact to light touch.;No cervi	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	provider will fax; The study requested is a Lumbar Spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt has been going to see a chiropractor for several months, has been seen here over 3 months, with no improvement. has done physical therapy movements. pt is in excruciating pain. it is progressively getting worse. causing patient where can not stand, ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.; pain and symptoms getting worse, rom abnormal. hip is giving out and causing patient to fall.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt needing MRI c spine for chronic neck pain with radiating pain down bilat arms. Mri l spine for chronic rt sided back pain with rt sided sciatica, tenderness in lumbar/sacral area,; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	radiculopathy, gait instability,; 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 in Rt leg, hurts to stand/sit. no comfortable position. went to chiropractor and help for little while. ibuprofen, ice packs, xray there showed signs of degeneration and healed fracture causing gait problem; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.;	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This is a pleasant young woman comes in today complaining of pain in her low back;in her neck. She says that she has been in multiple motor vehicle accidents;beginning about 10 years ago, and has dealt with chronic lumbar pain. She has done;physical th; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	TO FIND PATHOLOGY OF WHAT IS CAUSING PAIN AT THE SITES LISTED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SPRING 2018; There has been treatment or conservative therapy.; INCREASED AND WORSENING PAIN IN THORACIC AND LUMBAR SPINE. BRUISING AT SITES WITH SWOLLEN NODULES ALONG SPINE.; STERIOD INJECTIONS;MEDICATIONS;SURGERY;PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	WE HAVE AN XRAY OF HER LOWER BACK BUT NO MRI. WE ARE NEEDING AN MRI TO SHOW THE PATHOLOGY OF WHAT IS CAUSING HER PAIN.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	X-Ray Lumbosacral Spine: ;A vacuum disc phenomenon was noted.; This study is 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 to provider several times for same complaint, 01/15/20 was sent to Physical therapy; There has been treatment or conservative therapy.; neck pain, Back pain abnormal lateral flexion spine rotation abnormal spine motion abnormal; Medication and home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UTina Vanwinkle is a 44 year old White female who complains primarily of lower back pain. In addition, she also complains of hip pain. It does not radiate. She states the pain is aching, burning, cramping, deep, numbing, sha; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	MRI with and without contrast of the right wrist and ring finger masses, to help discriminate if these are cysts vs. rheumatoid nodules.; This study is being ordered for Inflammatory/ Infectious Disease.; 08/2019; There has been treatment or conservative therapy.; PAIN in wrist and hand, altered sensation, mass; NSAIDs, HEP, PT, injections, oral steroids, pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; cream; The patient received medication other than joint injections(s) or oral analgesics.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Edward Reeves follows up s/p LEFT shoulder arthroscopy. DOS. 14 Nov 2019.;Active motion with pain to about 130 degrees in forward flexion and 120 in abduction with negative drop arm and on passive motion testing no obvious adhesive capsulitis. At 3 mon; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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.; The patient received oral analgesics.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	lifting weights felt a pull in left upper back. pain with palpation to the left shoulder, pain on abduction greater than 90 degrees from the vertical, posterior aspect of the shoulder bu no induration. normal xray. suspect torn muscle/tendon.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI with and without contrast of the right wrist and ring finger masses, to help discriminate if these are cysts vs. rheumatoid nodules.; This study is being ordered for Inflammatory/ Infectious Disease.; 08/2019; There has been treatment or conservative therapy.; PAIN in wrist and hand, altered sensation, mass; NSAIDs, HEP, PT, injections, oral steroids, pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient is having severe shoulder pain and limited range of motion.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 1/29/2019; There has been treatment or conservative therapy.; patient is having pain and swelling, nodules in fingers, stiffness, cellulitis; patient has had incisions, injections, physical therapy and home excise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient having trouble ambulating anywhere , walking is very hard and the pain is worsening.; This study is being ordered for trauma or injury.; Patient having continued bilateral knee pain without resolve with pain meds or otc meds has done pt at home; There has been treatment or conservative therapy.; Patient has been having bilateral knee pain for sometime now having been treating conservitive with Home PT and pain meds with ensaids; Patient has been doing home excercises and also has been taking pain meds and ensaids without pain resolving needs further evaluation for this MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	Pop and burning sensation when walking, limited range motion and bruising and swelling. Suspected fracture.; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Will fax; This study is being ordered for Inflammatory/ Infectious Disease.; 11/28/2019; There has been treatment or conservative therapy.; Redness. Swelling. Pain. Draining. Wound Culture that was positive.; Compression/Lung care. Antibiotics. XRAY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	b17.9 concern for hemangioma pt had us abd limited done on 03-05-2020 hyperechoic lesions in the liverthat may represent hemangiomas noted on the us needed confirmed with ct of the abd, hemangioma protocol; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Measurement of ascending aortic aneurysm found on recent echocardiogram.; This study is being ordered for Vascular Disease.; Followup of ascending aortic aneurysm found on echocardiogram 1/30/2020.; It is not known if there has been any treatment or conservative therapy.; This was found on echocardiogram, aymptomatic.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal findings on diag imaging on other parts of the digestive tract.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal findings on diag imaging on other parts of the digestive tract.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	evaluate pain; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	evaluate pain; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Flank pain with history of kidney stone; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Flank pain with history of kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	flank pain, history of kidney stones and History of recurrent urinary tract infectionS; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	flank pain, history of kidney stones and History of recurrent urinary tract infectionS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	LEFT SIDED PAIN, DIFFICULTY BREATHING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; LEFT SIDE PAIN, DIFFICULTY BREATHING; There has not been any treatment or conservative therapy.; LEFT SIDED PAIN, DIFFICULTY BREATHING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Luanne has bilateral invasive breast cancers, both ER negative, HER-2 negative, node negative. We recommended six cycles of CMF. She will have radiation or mastectomy at the end of that. She is over all of the cellulitis she had and her PET scan is negati; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried and failed all other needs to further eval with CT and MRI's; This study is being ordered for trauma or injury.; Patient had a motor vehicle accident and is in lots of pain still needs further evaluation with MRI and CT; There has been treatment or conservative therapy.; She has cervical and lumbar back pain and also abdominal pain from being thrown around in the motor vehicle accident; Patient has had Naproxen 500 mg and cyclobenzaprin 5 mg and trying to to PT at home but is in so much pain is not helping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt reports having severe inguinal pain, believed to be a hernia, and has surgery on it approx 1 year ago. He states he was told it was not a hernia and that it was an enlarged/hardened spermatic cord. Pt states this surgery was done at Unity and has not h; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt reports having severe inguinal pain, believed to be a hernia, and has surgery on it approx 1 year ago. He states he was told it was not a hernia and that it was an enlarged/hardened spermatic cord. Pt states this surgery was done at Unity and has not h; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	SOLITARY PULMONARY NODULES; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	STAGING LEUKOPENIA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	UTERINE 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	75557 Cardiac magnetic resonance	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of	Radiology Services Denied Not Medically Necessary	Ischemic response to stress by electrocardiographic criterion;without development of chest pain, fair exercise tolerance.Ischemic response to stress by electrocardiographic criterion; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	76380 Computed tomography, limited or localized follow-up study	Radiology Services Denied Not Medically Necessary	Checking lung nodule for decrease in size and to identify nodule is pleural based.; Limited or Follow up other than Sinus CT; CT guided lung biopsy aborted in favor of Limited CT to lung area location of nodule	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	CAD risk, intermediate, asymptomatic; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	Has been having issues with labile BP. ; Some issues with slow hear rates and palpitations. Taking verapamil.; Was on Bystolic prior - but couldnt afford this. ; In August - had a concerning episode with chest pain and nausea and near; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	55-year-old female presents with chest pain and syncope. Patient reports this evening after dinner she experience postural dizziness. Then after a bowel movement she experienced syncopal episode unsure of length of time she was unconscious. After this ; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; She presents with an episode history of multiple syncope. The most recent episode occurred more than 2 days ago. It occurs intermittent. The problem is unable to specify. This is an chronic problem.; medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; pulmonary htn; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	Established patient presents today for follow-up from recent prostate needle biopsy. Unfortunately his biopsy is positive. He also has evidence for metastatic disease on follow-up CT and bone scan imaging. There is a question about possible area within; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	The patient has a history of bladder cancer. Scan is being performed for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	Ureteral cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; It is not known if surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	6 month follow up for prostate cancer; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Discussion with alternate clinician held--s/w Lindsay, NP; pt had a susp lesion when fusion Bx was tried 3/19- PSA was 3.19- PSA ; PSA in November 7.8; on MRI; the lesion was termed a BIRAD3; so, 2 successive rising PSA's ; ; also; pt had a suspicious DRE a; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED PSA 24.36, BENIGN BIOPSY;WILL REDO BIOPSY IF MRI IS NEGATIVE; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED PSA, BENIGN BIOPSY; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED PSA, CYSTOSCOPY 11/14/19 REVEALED HUGE TRILOBAR PROSTATE AND BLADDER TRABECULATION.; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED PSA; This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED PSA; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED PSA.; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The 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	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient had a benign biopsy but the PSA keeps rising.; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PROSTATE CANCER GLEASON SCORE 6, STAGE T1C ON ACTIVE SURVEILLANCE; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PROSTATE CANCER, ACTIVE SURVEILLANCE; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PROSTATE CANCER, ELEVATED PSA ON ACTIVE SURVEILLANCE; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	prostate cancer; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	RISING PSA WITH BENIGN BIOPSY; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	RISING PSA, ENLARGED PROSTATE WITH A NODULE. DUE TO AGE, DR OPTED NOT TO DO BIOPSY AT THIS TIME; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	RISING PSA; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	2	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Terry Anderson is a 28 y.o. year-old female referred by Thaxton, Mary Z, MD for evaluation of Urethral diverticulum. She stated that she noticed this at the beginning of Feb and went to see Dr.Thaxton- she examined her and referred her to me-; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	A suspicious renal mass was found by CT in November.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	abnl us .. within the midportion of the kidney, there is an approximate 2 cm area of mixed echogenicity recommends ct to exclude lesion; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	COMPLEX RENAL 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; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	The mass was found using an ultrasound.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient had a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient had a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1year follow-up for kidney mass, had a l nephrectomy in 2016.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1year follow-up for kidney mass, had a l nephrectomy in 2016.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	A cluster of;stones of seen over left lower pole, at least 4 seen largest now;approximate 1 cm.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	A cluster of;stones of seen over left lower pole, at least 4 seen largest now;approximate 1 cm.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abd pain, has a vesicovaginal fistula, urine coming out of the vagina since November and at times it is painful. no hx of any urinary issues as a child. no obvious trauma, no prev. abd or pel surgery or vag. deliveries.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abd pain, has a vesicovaginal fistula, urine coming out of the vagina since November and at times it is painful. no hx of any urinary issues as a child. no obvious trauma, no prev. abd or pel surgery or vag. deliveries.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ANGIOMYOLIPOMA OF KIDNEY; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ANGIOMYOLIPOMA OF KIDNEY; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CC: New patient for PCN;HPI: Mary M Goodrich is a 36 y.o. female presenting to clinic as a new patient for PCN management. Pt has a history of CHF, CKD, diabetes, hypertension. Pt received a transplant in 2016 and GFR is now 9.4. Pt had a PCN placed to t; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CC: New patient for PCN;HPI: Mary M Goodrich is a 36 y.o. female presenting to clinic as a new patient for PCN management. Pt has a history of CHF, CKD, diabetes, hypertension. Pt received a transplant in 2016 and GFR is now 9.4. Pt had a PCN placed to t; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	6 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	F/U FOR RENAL MASS; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	F/U FOR RENAL MASS; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Faxing addtl clinicals; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Faxing addtl clinicals; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Flank pain, stone disease suspected. The patient has moderate lower urinary tract symptoms (LUTS) presumably associated with BPH. Weak stream, difficulty emptying bladder, frequency, bladder spasms, and UTI. He has a history of chronic prostatitis.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020 1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>Flank pain, stone disease suspected. The patient has moderate lower urinary tract symptoms (LUTS) presumably associated with BPH. Weak stream, difficulty emptying bladder, frequency, bladder spasms, and UTI. He has a history of chronic prostatitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020 1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>FOLLOWUP CT FOR INCIDENTAL RENAL ANGIOMYOLIPOMA 1.1CM LEFT RENAL AML.SEEN ON CT 02/2019 (REPORT NOT AVAILABLE)1 YR FUP.THIS COULD LEAD TO BLEEDING, PAIN AND MAY REQUIRE INTERVENTION. ;HAS OCCASIONAL BACK/FLANK PAIN BUT NO HEMATURIA, SYMPTOMS SOUND MSK IN; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	FOLLOWUP CT FOR INCIDENTAL RENAL ANGIOMYOLIPOMA 1.1CM LEFT RENAL AML.SEEN ON CT 02/2019 (REPORT NOT AVAILABLE)1 YR FUP.THIS COULD LEAD TO BLEEDING, PAIN AND MAY REQUIRE INTERVENTION. ;HAS OCCASIONAL BACK/FLANK PAIN BUT NO HEMATURIA, SYMPTOMS SOUND MSK IN; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	FRANK HEMATURIA; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	FRANK HEMATURIA; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	FRANK HEMATURIA; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	FRANK HEMATURIA; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	GROSS HEMATURIA / FRANK HEMATURIA - BLOODY URINE - EVALUATE STONES, TUMOR, ETC; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	GROSS HEMATURIA / FRANK HEMATURIA - BLOODY URINE - EVALUATE STONES, TUMOR, ETC; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	GROSS HEMATURIA AND URINARY RETENTION; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	GROSS HEMATURIA AND URINARY RETENTION; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	GROSS HEMATURIA AND VOIDING DYSFUNCTION FOR THE PST 6 MO. TO A YEAR. PT IS A SMOKER, HAS BPH. NO DYSURIA, NO UTI, URINE CULTURE NEG FOR BACTERIA. RENAL US WAS NEG. FOR MASS.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	GROSS HEMATURIA AND VOIDING DYSFUNCTION FOR THE PST 6 MO. TO A YEAR. PT IS A SMOKER, HAS BPH. NO DYSURIA, NO UTI, URINE CULTURE NEG FOR BACTERIA. RENAL US WAS NEG. FOR MASS.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	gross hematuria, kidney stone; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	gross hematuria, kidney stone; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hematuria, unknown cause; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hematuria, unknown cause; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HEMATURIA; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HEMATURIA; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	hematuria; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hematuria; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HEMATURIA; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	kidney stones; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	kidney stones; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Left lower quadrant tenderness with pain b.l testicular;swelling 1 month; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Left lower quadrant tenderness with pain b.l testicular;swelling 1 month; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	LLQ PAIN; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	LLQ PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Md Shah Nawaj is a 39 y.o. male presenting to clinic as a new patient for a stone. CT showed a 5-6 mm left superior pole stone without hydro, cysts appeared to be benign on imaging. Pt reports difficulty voiding, frequency, and sensation of incomplete empty; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Md Shah Nawaj is a 39 y.o. male presenting to clinic as a new patient for a stone. CT showed a 5-6 mm left superior pole stone without hydro, cysts appeared to be benign on imaging. Pt reports difficulty voiding, frequency, and sensation of incomplete empty; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	new ca dx confirmed by us guided biopsy. initial staging study.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	new ca dx confirmed by us guided biopsy. initial staging study.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient has a football sized mass in his abdominal area; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient has a football sized mass in his abdominal area; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has kidney disease, and on kidney dialysis.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has kidney disease, and on kidney dialysis.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PROSTATE CANCER GLEASON GRADE 7, RISING PSA, CANCER STAGE T2c ON ACTIVE SURVEILLANCE; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient had a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PROSTATE CANCER GLEASON GRADE 7, RISING PSA, CANCER STAGE T2c ON ACTIVE SURVEILLANCE; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient had a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PROSTATE CANCER W/ WORSENING BONE METS; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient had a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PROSTATE CANCER W/ WORSENING BONE METS; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient had a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Prostate cancer, high risk, staging; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Prostate cancer, high risk, staging; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt had upj obstruction and pain and discomfort.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt had upj obstruction and pain and discomfort.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt with flank pain and Hematuria - probable stone; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt with flank pain and Hematuria - probable stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt with urinary retention and history of retention and hematuria; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt with urinary retention and history of retention and hematuria; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	recurrent UTI treatment. Pt has hx of right ureteral reimplant (x2) the first procedure was performed in 2015 and 2019, after it she had 6 episode of UTI and in the last one she evolved with right side pyelonephritis needing to admitted in the hospital fo; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	recurrent UTI treatment. Pt has hx of right ureteral reimplant (x2) the first procedure was performed in 2015 and 2019, after it she had 6 episode of UTI and in the last one she evolved with right side pyelonephritis needing to admitted in the hospital fo; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RECURRENT UTI; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RECURRENT UTI; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RENAL CELL CARCINOMA; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RENAL CELL CARCINOMA; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient has a history of bladder cancer. Scan is being performed for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The Pt had KUB , abdominal x-ray 01/20/2020. Pt ahs a 5 milimeter radio plax. rule out kidney s tone; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The Pt had KUB , abdominal x-ray 01/20/2020. Pt ahs a 5 milimeter radio plax. rule out kidney s tone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	74 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	14 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	22 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is not a PSA greater than 10.; There is a Gleason Score (sum) 7 or greater.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	74 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	14 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	22 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	5 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is not a PSA greater than 10.; There is a Gleason Score (sum) 7 or greater.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Ureteral cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Urinary tract stone, known, symptomatic, complications or risk factors;;Patient is here for fu for kidney stones and recurrent UTI. Has complaints today of suprapubic pain, urinary frequency, left flank pain, and straining to urinate. States it hurts to; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Urinary tract stone, known, symptomatic, complications or risk factors;;Patient is here for fu for kidney stones and recurrent UTI. Has complaints today of suprapubic pain, urinary frequency, left flank pain, and straining to urinate. States it hurts to; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	who was seen on 3/4/2020 and was diagnosed with:;1.Right flank pain ;2.Urinary urgency ;3.Ureteral stone ;IMPRESSION:;1.HETEROGENEOUS INDETERMINATE APPEARANCE TO THE MYOMETRIUM, WITH A;THIN BUT PARTIALLY OBSCURED ENDOMETRIAL STRIPE.;2. ROUNDED ANEC; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	who was seen on 3/4/2020 and was diagnosed with:;1.Right flank pain ;2.Urinary urgency ;3.Ureteral stone ;IMPRESSION:;1.HETEROGENEOUS INDETERMINATE APPEARANCE TO THE MYOMETRIUM, WITH A;THIN BUT PARTIALLY OBSCURED ENDOMETRIAL STRIPE.;2. ROUNDED ANEC; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	1.5 CM LESION OF LEFT KIDNEY, 3MM LESION OF LEFT KIDNEY ARE INDETERMINATE; SOLID MASS NOT EXCLUDED; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	NONE; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	renal mass found on CT; This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	elevated psa, enlarged prostate, family history of prostate cancer; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	ELEVATED PSA; This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain in Testicle; Screening for Malignant Neoplasm of Prostate; PSA-scr 3.11 NG/mL; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient with elevated PSA, previous abnormal imaging and biopsy performed 2019.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	pt has elevated PSA of 3.11; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Testicular trauma as a child resulting in undescended testicle. MRI needed to evaluate for surgery; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of something other than the pelvic gurdle, sacrum or the tail bone (coccyx).	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	FRANK HEMATURIA AND URINARY TRACT INFECTION; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	FRANK HEMATURIA AND URINARY TRACT INFECTION; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Hematuria, unknown cause; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Hematuria, unknown cause; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	HISTORY OF KIDNEY STONE, RIGHT FLANK PAIN AND URINARY TRACT INFECTION; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	HISTORY OF KIDNEY STONE, RIGHT FLANK PAIN AND URINARY TRACT 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 bilirubin.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	KIDNEY PAIN; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	KIDNEY PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	KIDNEY STONE; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	KIDNEY STONE; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	no; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	no; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PAIN IN TESTICLE, HISTORY OF KIDNEY STONES; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PAIN IN TESTICLE, HISTORY OF KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	post nephrectomy- hx renal mass; This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is not requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	post nephrectomy- hx renal mass; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is not requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	see clinical; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	see clinical; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	3 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has 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 normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-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 normal.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	78813 Positron emission tomography	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Urology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	4 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast		Yes, this is a request for CT Angiography of the Neck.	2 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Christine L Hlavin is a pleasant 60 y.o. year-old female who is being seen in the CVT surgery clinic for evaluation. Mrs.Hlavin had MVA on 7/7/2019 and went into the emergency room for evaluation. She had a CAT scan of the chest that showed she had asen; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Darren D Langley Sr. is a pleasant 52 y.o. year-old male who is being seen in the CVT surgery clinic for follow up. Mr. Langley has known GERD, hypertension, depression, DDD,CHF, chewing tobacco dependence, aortic root dilation and pacemaker placement. ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	follow up exam for abdominal aortic aneurysm.; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Johnny R Barnes is a pleasant 54 y.o. year-old male who is being seen in the CVT surgery clinic for follow up ascending aneurysm. Mr. Barnes has known obesity, hyperlipidemia, left bundle branch block, DDD, chewing tobacco dependence, CAD, hypertension a; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; post op from 5 years ago; surveillance; ebarred in 2015 for abdominal aneurysm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if	reproc ref to auth # 20077ABA0063; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	3	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	This study is being ordered for vascular disease.; "The ordering physician is a surgeon, pulmonologist, or cardiologist."; This is a request for a chest MRI.	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; post op from 5 years ago; surveillance; ebarred in 2015 for abdominal aneurysm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	4	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PLANNING AORTOBIFEMORAL BYPASS SURGERY; This study is being ordered for Vascular Disease.; 05/26/2017; There has been treatment or conservative therapy.; SEVERE CLAUDICATION IN BILATERAL LOWER EXTREMITIES.;AORTOLIIAC ARTERIAL OCCLUSIVE DISEASE. HISTORY OF CEREBROVASCULAR ACCIDENT; MULTIPLE PREVIOUS ILIAC STENTS PLACED. LEFT HEART CATHERIZATION.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	PLANNING AORTOBIFEMORAL BYPASS SURGERY; This study is being ordered for Vascular Disease.; 05/26/2017; There has been treatment or conservative therapy.; SEVERE CLAUDICATION IN BILATERAL LOWER EXTREMITIES.;AORTOLIIAC ARTERIAL OCCLUSIVE DISEASE. HISTORY OF CEREBROVASCULAR ACCIDENT; MULTIPLE PREVIOUS ILIAC STENTS PLACED. LEFT HEART CATHERIZATION.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1 2020	Jan-Mar 2020

1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/12/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given bloodwork; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/12/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given bloodwork; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jan-Mar 2020
1/1/2020 - 3/31/2020	1/1/2020	Vascular Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Jan-Mar 2020